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ABSTRACT

As a service of Integrated Research Services, a non-profit organization, this newsletter reports on many facets of prevention research. Written in direct, accessible language, each issue provides a "snapshot" update on a specific topic. Some articles are reprinted (often in a briefer format) from other publications; others provide a synthesis of research and its applications in a particular area. The 1998 volume comprises three 12-page issues. The focus of Number 1 is "outreach to Hispanic students and their families" and includes the following articles: "Distinctive Traits of Hispanic Students" (J.A. Vasquez), which deals with adapting instruction to student learning characteristics; "School Involvement and Hispanic Parents" (L.M. Espinosa); "Coming of Age Ethnically: Teaching Young Adolescents of Color" (G. Gay); "An Empowerment Prevention Approach for Hispanic Youth" (F.J. Galan). Number 2 is focused on "community prevention models" and includes these articles: "Empowering Communities To Prevent Adolescent Substance Abuse" (T.W. Harachi, C.D. Ayers, J.D. Hawkins, R.F. Catalano, J. Cushing); "Community Readiness: A Tool for Effective Community-Based Prevention" (B.A. Plested, P.J. Thurman, R.W. Edwards, E.R. Oetting); "Project Northland: Outcomes of a Community-Wide Adolescent Alcohol Use Prevention Trial" (C.L. Perry, C.L. Williams). Number 3 covers "adolescent tattooing and piercing, concentrating on health risk education." Articles included are "Adolescent Tattooing" (M.L. Armstrong, K.P. Murphy); "Erasing the Tag of Gang Membership: The D-Tag Program" (B. Gurke); "Adolescent Body Piercing" (M.L. Armstrong, E. Ekmark, B. Brooks); "On Teenagers and Tattoos" (A. Martin). (EMK)

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# THE PREVENTION RESEARCHER

Volume, Numbers 1-3

1998

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## DISTINCTIVE TRAITS OF HISPANIC STUDENTS

*By James A. Vasquez, Ph.D.*

Researchers report that students at all levels find greater motivation and perform at higher levels academically when instructional methods complement student learning characteristics. Unfortunately, many teachers, both minority and mainstream, are unable to identify traits among ethnic minority youths that require a unique set of instructional strategies for a positive learning environment. Equally disturbing is that, once such cultural traits have been identified, teachers have no idea how to adapt classroom instruction to these traits.

This article will describe several learning traits of Hispanic students and distinguish these from traits commonly believed to characterize students from mainstream society. While this piece focuses on Hispanic students, the principle may be applied to students of other minority groups. A procedure for adapting teaching to fit the distinctive traits of ethnic minority students is then suggested.

### Hispanic Students

An abundance of literature suggests that many Hispanic students are distinguished by a sense of loyalty to the family. Children from Hispanic homes are brought up with the notion that to bear the family name is a very important responsibility, and that their behavior reflects on the honor of the family. The family is to be their basic support group throughout their lives. Socialization of this type cannot help but produce in the individual a sense of motivation that is other-directed, that seeks its impetus from a basically external source — the family.

> Students find greater motivation and perform at higher levels when instructional methods complement student learning characteristics.

This contrasts with the strong sense of individualism that is found in typical mainstream families. Youth in these families learn they can go as far in life as they want, and that they will have only themselves to blame or thank for what they have achieved at life's end. This concept is referred to as "rugged individualism." It is a deeply rooted value in American mainstream society.

Hispanic and mainstream students also differ signifi-

# FROM THE EDITOR'S PC

*Dear Colleagues:*

*I am delighted to welcome you to our Winter issue of The Prevention Researcher newsletter. This issue focuses on* ***Outreach to Hispanic Students and Families.*** *This topic came to the attention of our editors because we believe it is an area of prevention that is underserved in the research literature.*

*Contributing authors for this issue are: Fernando Galan, Ph.D. of the University of Texas, El Paso, James Vasquez, Ph.D. and Geneva Gay, Ph.D. both of the University of Washington, and Linda Espinosa, Ph.D. of the University of Missouri. All of these researchers are well known in the field of prevention and well published in this particular area of at-risk minority youth.*

*I would also like to take this opportunity to welcome Rhonda Jones-Webb, Dr. P.H. to our editorial board. Dr. Jones-Webb is an Assistant Professor of Public Health in the Division of Epidemiology at the University of Minnesota. Dr. Jones-Webb's research includes drinking norms among African-Americans, the epidemiology of alcohol problems, and public opinion toward alcohol control policies.*

*Additionally, I want to remind all of our readers that we have updated our web page. It has a whole new look and we are very excited at the number of visitors to our cyberspace site. Please check us out at:* ***http://www.integres.org/prevres.***

*Also, remember that all citations and references are on-line at our web site.*

*I hope you are all healthy and continuing to enjoy our Newsletter! We welcome your feedback!*

*Steven Ungerleider, Ph.D.*

*Psychologist-Editor*

cantly along the dimensions of cooperation and competition. The literature on Hispanic students, especially Chicanos, suggests that these youths strive where cooperation with other students is allowed, especially in goal-setting activities. This is in contrast to an isolation from peers and competition that others may seek.

Mainstream youth often learn early on that it is important to strive to be "numero uno," and that it is okay to achieve in school at someone else's expense. Because classes are essentially taught by mainstream, middle class individuals, it is not surprising that such a high percentage of activities in the classroom require students to compete with one another.

> Attempts to reinforce youth must be based on values the student holds.

Hispanic youths need ethnic role models. Data from the U.S. Bureau of the Census show that in a number of selected professions, Spanish-surnamed individuals are rare. This point must be well understood by teachers if they are to adequately serve students from this minority group. Its importance is easily noted when we consider that the young person's professional aspirations are profoundly influenced by the presence or absence of role models. Consider, for example, that mainstream children never have to ask themselves the question, "Can I really be a doctor, engineer, mayor, principal? I've never seen one who looks like me." Unfortunately, many Hispanic children have yet to see, or hear about, the first successful Hispanic in many of the professions in our society.

## Bridging Traits and Instructional Strategy

Differing values teachers hold must be considered when understanding multicultural instruction. Recall for a moment, the family loyalty that characterizes many Hispanic youth from traditional homes. Now consider a common phrase any teacher might say to a student: "Good work, Mary. You should be proud of yourself." In an effort to reinforce the student for high performance, the teacher will use this phrase on the assmuption that Mary has within her value system the belief that she should be proud of herself for doing good academic work.

But what if this is Maria, not Mary? What if the student in question comes, not from a traditional mainstream value system with its emphasis on individualism, but from a traditional Hispanic value system where children are taught to perform for the pride their family will have in them? In such a case the teacher's efforts to reinforce the student will be largely ineffective.

Our attempts to reinforce youth must be based on values the student holds, and these often differ depending on the ethnic and social class background of the student. It is for this reason that teachers who comment that they "treat all students the same" are not showing their democratic disposition, but rather that they are not yet prepared to teach in the pluralistic classrooms of American schools. Already more than one in every four students is an ethnic minority.

## Adapting Instruction to Cultural Traits

Some basic guiding concepts that will help teachers learn a practical procedure for adapting teaching to cultural traits is in order here. There are a few practical procedures that can assist us in bridging the gap between an observed student trait and an instructional strategy that is founded upon the trait.

Teachers need to train themselves to be close observers of student behavior and to use sources of information on Hispanic students such as reading, workshops, and academic courses. If this can be accomplished there is no reason why they cannot attain an adequate knowledge about their students in terms of cultural distinctives.

Once teachers become aware of certain cultural traits in their students, they are often at a loss as to what to do with this awareness. It would be helpful to keep in mind three elements of good teaching, each of which may become the means for moving from an observed student trait to an appropriate instructional strategy. The three teaching elements are content, context, and mode.

*Content* refers to the material that is taught. It is the information or data the teacher wishes to communicate to

## FIGURE 1

# THREE-STEP PROCEDURE FOR ADAPTING INSTRUCTION TO CULTURAL TRAITS

| STEP 1 | STEP 2 | STEP 3 |
|---|---|---|
| Teacher observes/ identifies student trait | Trait is passed through "filter" of three questions to identify which aspect of teaching (content, context, mode) should be affected. | Teacher verbalizes/ writes out the new instruction strategy. |
| 1. Carlos is very concerned about pleasing his family. | **Content**<br>a. Does any aspect of the trait suggest the kind of material I should be teaching? | 1. I'll tell Carlos that I'll inform his parents when he does really good work. (Carlos should work with great effort and expectation and thus for him the context is changed.) |
| 2. Sammy and Joanna seem disinterested when given individual work and more "turned on" when interacting with others. | **Context**<br>b. Does any aspect of the trait suggest the physical or psychological setting I should create in the classroom? | 2. I'll provide more activities that allow Sammy and Joanna to work on projects with others in small groups. (Mode is changed since the means of instruction has shifted to include more student input.) |
| 3. Ben seems intimidated and shy when I ask him questions to which he might not know the answer. | **Mode**<br>c. Does any aspect of the trait suggest the manner in which I should be teaching? | 3. I'll ask Ben questions in class that I'm fairly sure he can answer correctly, and work with him individually in areas in which he is less knowledgeable. (This strategy affects both the mode of instruction and the psychological context for Ben.) |
| 4. Charlotte does better when the material I teach involves people interacting with one another; she is not strongly "object" orientated. | | 4. I will teach more math concepts in the context of people dealing with one another, as in buying, trading, borrowing. (The mode is basically changed to suit Charlotte's preferred style of learning.) |

the students. *Context* refers to the physical and psychological environment of the classroom, which includes the expectations projected by the teacher, whether a spirit of cooperation or competition is dominant, and student perceptions regarding how much the teacher really cares about them.

The *mode* refers to how the information is treated or presented. It can include the method, form, style, or manner of delivery used by the teacher. Aspects of the mode include the degree of globalism, complexity, and abstractness used, as well as sequence and length of the presentation.

Teachers are somewhat more inclined to think in terms of the first element — the content — when a change in instructional strategy is needed, and to avoid thinking in terms of the context in which teaching takes place or the mode of teaching. Although efforts that focus on adapting content to specific cultural traits of minority students are helpful, this approach greatly reduces the range of instructional adaptations needed for providing students with culturally appropriate instruction.

I propose a three-step process for adapting instruction to student traits. The first is to identify the particular student trait that may require some adaptation in the teacher's normal way of teaching. This may come from direct observation on the part of the teacher. It may also be information that the teacher has learned from some other source. Although information characterizing groups should not be considered as infallible when applied to individuals, such information serves the

teacher well as a starting point in adapting instruction to the cultural needs of minority students.

The second step is to filter the trait through several questions, each one relating to the content, context, or mode of instruction that might be required. For example, the teacher must ask whether any aspect of the student trait has implications for the content that should be taught. Similar questions are then asked with regard to the context in which teaching should take place, and with regard to the modes that should be used in teaching. The result of this activity may, of course, identify more than one aspect of teaching that could be appropriately changed. A given trait — high motivation for the sake of pleasing the family, for example — may suggest to the teacher the need to both reinforce the student by making reference to the student's family (changing the context), and to teach more about the family's specific expectations for students in the classroom (changing the content).

> Re-examining one's teaching in terms of particular student traits. . . is at the heart of culturally appropriate instruction.

Although the practice of re-examining one's teaching in terms of particular student traits may seem new and even peculiar, this practice is at the heart of culturally appropriate instruction. The dividends will be quickly evident for those who take it seriously.

The teacher must then define the new instructional strategy that will be used. Assume, for example, that Carlos is the student in whom a high regard for pleasing his family has been observed. The procedure described above must end in some articulated strategy such as: "I'm going to tell Carlos that I will send his best work home to his parents." Although the final adaptation of instruction may take many forms, the importance of carrying the process through to this last step cannot be emphasized too strongly. Success in culturally appropriate teaching depends on reaching this practical point.

Figure 1 illustrates the proposed steps in sequence, with several beginning points and student traits developed into an appropriate instructional strategy.

## Conclusion

In summary, one might ask the question, "Why do we not have culturally appropriate instruction provided by teachers who themselves are ethnic minorities?" There are two important reasons. At present, minority students simply are not choosing teaching as their preferred vocation. This, combined with the rapidly increasing minority student population in the public elementary and secondary schools, means that a sufficient number of minority teachers is simply nowhere to be found in the foreseeable future.

Secondly, ethnic minority teachers are not necessarily better teachers of minority youth than are mainstream teachers. It seems clear that, although minority teachers indeed serve as role models for minority students, both groups — minority and mainstream teachers — are in need of special training if instruction in the classroom is to be appropriately adapted to the distinctive cultural traits of minority students.

The problem of teachers' insufficient knowledge regarding the distinctive learning characteristics of many minority students is largely in the hands of teachers themselves to resolve. Teachers must become good observers of student behavior in the classroom. This practice in itself can be of significant help to teachers. Then teachers can avail themselves of research and other educational literature to further their knowledge of value systems, reinforcement needs, cognitive styles, and other learning-related traits of these students.

The problem of not knowing what to do once minority student traits have been identified is a little more difficult to resolve. Proven models that will guide teachers through the practical steps needed in such a procedure have not yet been published. Our proposal is a basic three-step procedure that, it is hoped, will be of help to some who wish to move ahead in this area.

This procedure is student centered, beginning with observed student traits and intended to produce an instructional strategy that is uniquely fitted to those student traits. It is also a procedure that encourages continual professional growth for the teacher because revision of instructional strategies will be an ongoing practice given the changing nature of students in the classroom from year to year.

This instructional procedure produces good teaching, not in terms of a set of traits we might observe in the teacher, but in terms of the teacher's response to student characteristics. The basic intent is to implement culturally appropriate instructional strategies and assure that the strengths students bring into the classroom give shape to the content, context, and modes of instruction employed by the teacher.

*Dr. James Vasquez, who is of Latino (Mexican-American) heritage, received his Ph.D. from UCLA and has been a professor in the College of Education at the University of Washington since 1975. Current interests center on the early interface of Mexican and Anglo Americans immediately after the U.S.-Mexico War in 1848. This article is abstracted, with permission, from: Vasquez, J.A. (1990) Teaching to the Distinctive Traits of Minority Students. The Clearinghouse, 63(7), 299-304.*

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# School Involvement and Hispanic Parents

By Gail M. Inger, M.S.

Children of Hispanic and Latino heritage are considered our most vulnerable student population with standardized achievement test scores and high school completion rates far below any other ethnic group in this country. Hispanic children enter kindergarten lacking in language development regardless of whether they are bilingual, speak only English, or speak only Spanish. Two researchers, Haycok and Duany, report that by age 13, 44% are at least one year below expected grade level; and up to 40% drop out before completing high school. Hispanics enter school later, leave school earlier, and receive proportionally fewer high school diplomas and college degrees than other Americans.

Since the Hispanic population is the fastest growing minority group in the U.S., and it is predicted to be the largest U.S. minority group by the year 2020, it is essential that we develop and implement effective educational approaches that lead to school success for Hispanic students. As Dr. Gonzalez observed in 1991, "An undereducated and underskilled Hispanic workforce is harmful not only to Hispanics who drop out, but to the American economy and larger non-Hispanic population as well."

Increased parental involvement in the schooling of their children has been shown to increase student achievement and reduce dropout rates. Author Joyce Epstein has summarized years of research on parent involvement noting that "students at all grade levels do better academic work and have more positive school attitudes, higher aspirations, and other positive behaviors if they have parents who are aware, knowledgeable, encouraging, and involved." This is true regardless of the economic, racial, or cultural background of the family. In fact, increasing parent involvement is currently viewed as a cornerstone in most school reform efforts. President Clinton advocated for more parent-school involvement in his 1994 State of the Union Message:

"Parents who know their children's teachers and turn off the television and help with the homework and teach their kids right from wrong — those kinds of parents can make all the difference."

To determine effective strategies for connecting Hispanic parents and their children's schools, educators must understand cultural factors that influence parents' child rearing and socialization practices, communication styles, and orientation toward formal education. The Hispanic family, and especially the extended family, have been called the "great untapped resource." Aunts, uncles, grandparents, cousins, godparents, and even family friends all play a role in reinforcing family values and socializing children. Their concern for their children, commitment to family, respect for education, and desire for a better life have rarely been capitalized on by the educational establishment.

## Cultural Characteristics

Although united by a common language, Hispanics in the U.S. are not a homogeneous group. They represent great diversity in socioeconomic status, race, age, country of origin, and the nature and timing of their immigration. There is an extensive diversity of traits among Hispanic-Americans. One characteristic of paramount importance in most Hispanic cultures is family commitment, which involves loyalty, a strong support system, a belief that a child's behavior reflects upon the honor of the family, a hierarchical order among siblings, and a duty to care for family members. And throughout Hispanic cultures there is a widespread belief in the absolute authority of the school and teachers.

Many low-income Hispanic parents view the U.S. school system, in Gonzalez's words, as a "bureaucracy governed by educated non-Hispanics whom they have no right to question." In many Latin American countries it is considered rude for a parent to intrude into the life of the school. Parents believe that it is the schools' job to educate and the parents' job to nurture and that the two jobs do not mix. A child who is well educated is one who has learned moral and ethical behavior.

Hispanics, as a whole, have a collective orientation that supports community life. They have been found to be field dependent with a sensitivity to nonverbal indicators of feeling. Culturally, this is represented by an emphasis on warm, personalized styles of interaction, a relaxed sense of time, and a preference for an informal atmosphere for communication. Given these preferences, a culture clash may result when Hispanic students and parents are confronted with the typical task-oriented style of most American teachers. In addition, the Hispanic cultures' emphasis on cooperation in the attainment of goals can result in Hispanic students' discomfort with the nation's conventional classroom competition.

Many school administrators and teachers misread the reserve, the non-confrontational manners, and the non-involvement of Hispanic parents to mean that they are uncaring about their children's education. This misperception has often led to a cycle of mutual mistrust and misunderstanding between poor Hispanic parents and school personnel. Many schools have unintentionally

instituted policies and practices that act as barriers to increased Hispanic parent involvement. Negative attitudes, perceptions, and beliefs can further erode the fragile school-home connection.

While an understanding of the general cultural characteristics of Hispanics is helpful, it is important not to over generalize. Each child and family is unique, and care should be taken not to assume values and beliefs just because a family speaks Spanish and is from Mexico. It is important that teachers spend the time to discover the particular values, beliefs, and practices of the families in their community.

Teachers must also examine their own attitudes about working with a minority group that speaks a different language from their own and may not share the values of their own culture. To establish genuine partnerships with parents, genuine relationships with parents built on a foundation of mutual trust and openness must first be developed.

## Recommendations

School programs that have successfully involved Hispanic parents have employed many of the following strategies.

***Make it Easy.*** School programs that have connected successfully with Hispanic parents understand that they must make it easy for parents to participate. Many programs have flexible hours, offer child care, provide transportation, have bilingual staff and materials, and generally make it convenient for parents to attend.

***Personal Touch.*** It is crucial to use face-to-face communication in the primary language when first making contact. Written flyers or articles sent home have proven to be ineffective even when written in Spanish. It may also take several meetings before the parents gain sufficient trust to actively participate. Home visits are a particularly good way to begin to develop rapport. By visiting parents in their own home, school staff can personalize the relationship and begin to understand the unique needs and concerns of the family.

***Go Slow.*** Hispanic parents need to be allowed to become involved with the school community at their own pace. Several meetings that are primarily social occasions may need to occur before educational issues can be discussed in depth. All parents, but particularly Hispanic parents, need to feel comfortable, confident, and acknowledged as competent equals before they will actively contribute to parent involvement efforts.

***Non-judgmental Communication.*** In order to gain the trust and confidence of Hispanic parents, teachers must avoid making them feel they are to blame or are doing something wrong. Parents need to be supported for their strengths, not judged for their perceived shortcomings.

***Meaningful Involvement.*** To keep Hispanic parents actively engaged, schools must respond to a real need or concern of the parents. School officials need to consult with parents regarding agendas and meeting formats; the parents' agenda must come first and gradually cover issues of concern to the schools. Teachers should have a good idea about what parents will get out of each meeting and how the meeting will help them in their role as parents.

***Bilingual Support.*** Many programs report that having bilingual and bicultural staff helps promote trust and cooperation. All communication with Hispanic parents, written and oral, must be provided in Spanish and English. Good, accurate translations are a must.

***Strong Leadership and Administrative Support.*** Flexible policies, a welcoming environment, and a collegial atmosphere all require administrative leadership and support. As with other educational projects or practices that require innovation and adaptation, the efforts of teachers alone cannot achieve successful parent involvement. Principals must also be committed to project goals.

***Staff Development Focused on Hispanic Cultures.*** All staff must understand the key features of Hispanic cultures and their impact on their students' behavior and learning styles. It is the educator's obligation to learn as much about the children and their culture and background as possible.

***Community Outreach.*** Many Hispanic families could benefit from family literacy programs, vocational training, ESL programs, improved medical and dental services, and other community-based social services. The school can serve as a resource and referral agency to support the overall strength and stability of the families.

## Conclusion

It is critical that American educators develop and demonstrate successful approaches to working with Hispanic families. By forging closer communication and building mutual relationships based on trust, we can begin to bridge the cultural gap between home and school for Hispanic students. These efforts will create a climate that fosters successful school achievement. The current educational status of Hispanic children creates a sense of urgency in addressing these issues.

*Dr. Linda Espinosa is currently an Associate Professor at the University of Missouri, Columbia, Missouri. Previously, she worked in the public schools as a teacher, principal, and program director for almost 20 years. Dr. Espinosa has worked extensively with low-income Hispanic children and families throughout the state of California. She developed and directed the Family Focus for School Success program in Redwood City, California which has received state and national recognition. She has published several articles on how to establish effective support services for low income, minority families. Currently, Dr. Espinosa is co-directing Project REACH, a rural, early childhood training and educational program covering all of rural Missouri. Through this program and others, she has been involved in the development and evaluation of video training materials for parents, teachers, and other caregivers.*

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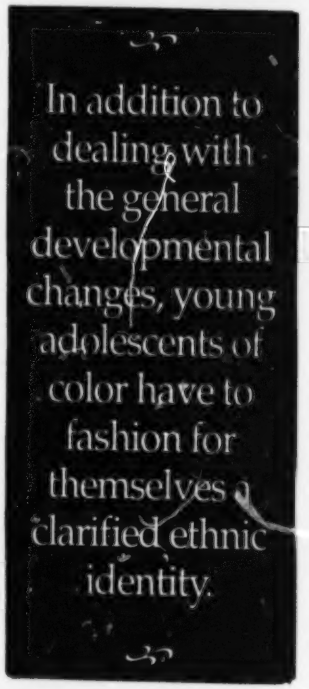
# Coming of Age Ethnically: Teaching Young Adolescents of Color

*By Geneva Gay, Ph.D.*

The emphasis middle school educators place on attending to the personal and developmental needs of young adolescents, and the desire to help them develop a secure identity are applicable to all students. However, these concerns have some additional dimensions for African-American, Hispanic, Asian-American, and Native-American youth because of race and ethnicity. Understanding how these variables affect development in these youth is the topic of this article.

The first issue discussed here is the current status of cultural diversity in middle level education theory. The second is to suggest some developmental characteristics of young adolescents of color that are often overlooked. The third is to propose some ways that middle level education should be modified to be more responsive to the ethnic and cultural diversity of early adolescents. Because of space limitations, the specific items discussed are highly selective. They are intended to illustrate the potential of culturally sensitive knowledge in making education more effective for students from different ethnic and racial backgrounds.


In addition to dealing with the general developmental changes, young adolescents of color have to fashion for themselves a clarified ethnic identity.

## Cultural Diversity Absent From Theory

Most educational reform that emerged during the past decade either ignores ethnic and cultural diversity entirely, deals with it in an extremely cursory fashion, or type-casts it as problematic. These trends are evident in the two premier reports on middle level education, *An Agenda for Excellence* by the National Council of Secondary School Principals, and *Turning Points* by the Carnegie Council.

A central educational theme in the Carnegie report is the concept of being client-centered. To accomplish this goal, educators are advised to create a caring, supportive atmosphere that welcomes a range of student diversity and to provide a program of instruction that matches the unique concerns, characteristics, and developmental needs of young adolescents. Nowhere in the report is there any mention of ethnicity, racial identity, and cultural diversity, and how these factors may influence the developmental needs of students in middle level schools, or how curriculum and instruction should be modified to accommodate them.

## Ethnic Identity in Adolescence

In addition to dealing with the general developmental changes characteristic of the age group, young adolescents of color have to fashion for themselves a clarified ethnic identity. Some research has described ethnic identity as the dimension of a person's social identity and self-concept that derives from knowledge, values, attitudes, the sense of belonging, and the emotional significance associated with membership in a particular ethnic group. Whether and how it is achieved affects many other dimensions of students' personal, social, and academic attitudes and behaviors. A clarified ethnic identity is central to the psycho-social well-being and educational success of youth of color.

Some researchers suggest that the processes adolescents of color go through to achieve clearer identity have many similarities to personality and ego identity development. Most specialists agree that identity formation is developmental and of great importance during adolescence, a period that is often accompanied by internal and external conflicts.

To be successful in achieving a clarified ethnic identity, young adolescents of color have to negotiate what the prominent sociologist Du Bois calls a "double consciousness" or what others note as the "biculturality" of their ethnic-racial identity and their American-ness. The dimension of poverty is often added to the dynamics of the identification process.

Although some variations exist by ethnic groups and age, the general pattern of ethnic identity development begins with self-ethnic unawareness, denial, or disaffiliation. It then progresses through increasing levels of consciousness, pride, affirmation, and acceptance of the validity and worth of one's own ethnic culture and heritage.

As individuals go through the process, they move from the *diffusion* or *pre-encounter stage* (Stage 1), which involves little if any explo-

### Coming In Future Issues

- Community Prevention Models
- Self-Mutilation
- Teenage Gambling
- Drop-out Prevention

ration of their ethnicity, and being unclear or unconcerned about related issues. Stage 2 is the *foreclosure stage*, characterized by having a non-discriminating positive or negative conception of their ethnic identity based upon friends and mainstream standards. The *encounter stage* (Stage 3) concentrates on explorations of one's ethnicity, accompanied by some confusion, ambiguity, and vacillation about its meaning. Finally all of this culminates in the *achievement* or *post-encounter stage* (Stage 4), when a clear and secure understanding and acceptance of their ethnic identity is accomplished. For more detail on these stages see the works of W.E. Cross Jr., and J.S. Phinney.

As the ethnic identification process evolves toward self-acceptance, individuals become more receptive and concerned with the well-being of ethnic others. For example, some researchers have found a consistent increase in ego identity and sense of competency across age groups from middle level to college students, as individuals move from a diffused ethnic identity to one that is clarified and internalized. This identity development also led to improvements in social and peer interactions, and family relations.

Research findings indicate that the pattern of ethnic identity development operates across all groups of color, but individuals within the groups do not go through the stages at the same time or in a uniform fashion. One study found that less than one-fourth of young adolescents were engaged in the active search of ethnic identity (Stage 3). A similar percentage had acquired an achieved, committed, clarified, or internalized ethinic identity (Stage 4). More than half were still in the foreclosure, conformity, pre-encounter stage (Stage 1).

The search for a clarified ethnic identity is often accompanied by strong ethnocentric attitudes, with intolerance and negativism toward ethnic others. This may partially explain the high incidence of anti-Semitism and racial prejudice among middle level students found by some researchers in their study of adolescent prejudice.

## Implications for Practice

If ethnic identity development is understood as part of the natural "coming of age" process during early adolescence, then ethnic sensitivity must be incorporated into school policies, programs, and practices. Four principles are particularly helpful for these purposes. They are: a) exploratory learning; b) creating caring and supportive learning environments; c) facilitating the personal development of students; and d) implementing developmentally appropriate instructional strategies.

Exploratory learning can be a useful strategy to facilitate the search and clarification process in ethnic identity development. Middle school students are curious and often confused about who they are ethnically, and what it means to be Asian-American, African-American, Hispanic, or Native-American. They "try on" different images, attitudes, and behaviors that they consider ethnically authentic. Frequently, these are laced with inaccuracies and exaggerations. The intergroup tensions they sometimes generate can compromise the effectiveness of teaching and learning for everyone.

Teachers can help to mediate these conflicts and confusions by including the study of ethnicity as a necessary component of their instructional repertoires. It might take the form of self-study modules and case studies about ethnic cultures and contributions. This could be accomplished by matching teaching styles with culturally different learning styles; and routinely using ethnic content, examples, and experiences in the classroom.

It is virtually impossible for teachers to create classroom environments that are maximally caring and supportive of students of color without understanding and then attending consciously and deliberately to their ethnicity. The simple fact is that ethnicity plays a crucial role in determining how students think, value, act, and relate. Teachers will be better able to create authentic, developmentally appropriate, and effective educational experiences for youths of color if their curriculum content, instructional strategies, performance •

## IN MEMORIAM

On September 25, 1997, we lost a friend, colleague and outstanding mentor in the prevention field. Dr. H. Laurence Ross, Professor and former Chair of the Department of Sociology, University of New Mexico, died at the age of 63 after a prolonged illness.

Dr. Ross, a Harvard-educated sociologist and author of several preeminent books in the drinking driving countermeasure field, had many honors during his lifetime. Professor Ross was the recipient of two Fulbright Lectureships, one of which was a visiting fellowship at Oxford. He served in various posts at the U.S. Department of Transportation, the National Institute on Alcohol Abuse and Alcoholism and the National Science Foundation. He is best known for his book: *Deterring The Drinking Driver* (Lexington Press, 1984) which set the pioneering ground-work for future research in the DWI prevention arena. His latest work, *Confronting Drunk Driving: Social Policy For Saving Lives*, was noted for its position that drunk driving cannot be controlled by punishments administered through the criminal justice system alone, but must combine deterrence and other interventions that reduce alcohol abuse and improve traffic safety.

As a personal friend of mine and mentor in the drinking driving prevention field, I will miss Larry's quick wit and insights about the problems we face in prevention research.

*Steven Ungerleider, Ph.D.*
*Editor*

appraisals, and classroom climate reflect cultural diversity, and are responsive to the various stages of ethnic identity. To do so requires that a wide variety of culturally relevant techniques are used to teach common learning outcomes to students from different ethnic backgrounds, and who are in varying stages of developmental growth.

The extent to which middle school teachers and students embrace and celebrate ethnic identity in academic programs and interpersonal relationships is a direct reflection of how they understand, value, and experience the process. Both need to know what is involved in the developmental process, how it evolves, and how it affects personal, social, and academic behaviors of different individuals and groups.

## Conclusion

- The principle of diversity should be the guiding criterion for creating education programs for students of color and determining their validity, quality, and effectiveness. A wide variety of techniques should be used to teach how to examine ethnic group differences openly and forthrightly.
- Teachers should explore the cultural sources and evolution of differences among groups. In so doing, they will acquire the knowledge and skills needed to improve understanding of their own ethnicity, and simultaneously develop a healthy respect for and appreciation of others.
- A direct engagement with ethnic diversity is a difficult undertaking for some teachers. It conflicts with the belief that priority should be given to "human similarities," and the best way to deal with group differences is to ignore or overlook them. Such instructional attitudes and behaviors are motivated by thoughts that calling attention to ethnic and cultural differences leads to interracial prejudices and hostilities. In reality, ignoring such differences may jeopardize the integrity, credibility, and trustworthiness of teachers, and minimize the academic success of students of color.
- Most middle school students are very much aware of inter- and intra-group differences, and are in the midst of trying to make sense of them for their own personal identities, values, and choices. They should be assisted in trying to understand these conflicts. Students can never learn or live up to their educational potential when their learning occurs in school climates that ignore, demean, or disassociate them from their own ethnic identities and cultural backgrounds. The research suggests that culturally sensitive information empowers ethnically diverse students. Children who are centered in their own cultural information are better students, more disciplined, and have greater motivation for schoolwork.
- Teachers can improve the academic achievement and personal growth of students of color by helping them to understand that ethnic identity development is a natural part of the "coming of age" process during adolescence. They also should ensure that their instructional practices are consistent with it. These are effective ways to operationalize the concept of student-centered education for culturally and ethnically different students.

*Dr. Geneva Gay is Professor of Education at the University of Washington - Seattle. She is recipient of the 1990 Distinguished Scholar Award, presented by the Committee on the Role and Status of Minorities in Educational Research and Development of the American Educational Research Association, and the 1994 Multicultural Educator Award, presented by th. National Association of Multicultural Education. She is nationally and internationally known for her scholarship in multicultural education, particularly as it relates to curriculum design, staff development, classroom instruction, and culture and learning. Her writings include the co-editorship of Expressively Black: The Cultural Basis of Ethnic Identity (Praeger, 1987), and author of At the Essence of Learning: Multicultural Education (Kappa Delta Pi, 1994). This article is abstracted, with permission, from Gay, G. (1994). Coming of Age Ethnically: Teaching Young Adolescents of Color. Theory Into Practice, 33(3), 149-155.*

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## Want to Know More?

The following World-Wide Web resources are available for more information on Hispanic students and their families.*

**Building Chicana/o Latina/o Communities Through Networking** http://latino.sscnet.ucla.edu/
*Includes information on Community, Research, Diversity, Education and Statistics.*

**Clearinghouse on Elementary and Early Childhood Education (ERIC)** http://ericps.ed.uiuc.edu/
*A national information system, supported by the U.S. Department of Education. ERIC is designed to provide users with ready access to an extensive body of education-related literature.*

**Journal of Educational Issues for Language Minority Students**
http://www.ncbe.gwu.edu/miscpubs/jeilms
*Includes the full text of articles from Spring of 1994 through Summer of 1996.*

**Latin American Network Information Center**
http://lanic.utexas.edu/
*Includes information on such topics as Sociology, Anthropology, Statistics, Higher Education, K-12, and Research Institutions. Also includes a Search Engine.*

**Urban Education Web (UEweb)**
http://eric-web.tc.columbia.edu/
*UEweb is dedicated to urban students, their families, and educators who serve them. Especially relevant is the Equity and Cultural Diversity link at:* http://eric-web.tc.columbia.edu/equity/

** The above mentioned resources are only suggestions. The Prevention Researcher does not endorse or promote resources or web sites.*

# An Empowerment Prevention Approach for Hispanic Youth

*By Fernando J. Galan, Ph.D.*

Prevention strategies aimed at Hispanic youth often lack both an understanding of the variations among groups under the term "Hispanic," and adequate knowledge of the influence of culture on personality in human development. In approaching the area of alcohol abuse prevention among Hispanic youth, one need not only be sensitive to these issues, but think seriously about them within a framework that explains human behavior in a bicultural environment. Such awareness will help assure that creative efforts are both problem-solving and culturally appealing. In this article, I explore the nature of the Hispanic youth population, the significance of a bicultural perspective in prevention, and the conflicts faced by Hispanic youth. Additionally, I describe a primary prevention approach aimed at Hispanic youth alcohol use.

## The Nature of Hispanic Youth

Hispanic, as an umbrella term, typically includes Mexicans, native-born Mestizos otherwise known as Chicanos or Mexican-Americans, Cubans, Puerto Ricans, Guatamalans, Salvadorians, Nicaraguans, and other Latinos from Central American countries, various South Americans, and Spaniards. In the United States, it includes American citizens and foreign nationals whose ethnic heritages are tied in some way to the Spanish language. Some professionals argue that any discussion of Hispanics is potentially confusing because every Spanish language heritage subgroup is placed into a single category and, consequently, important regional and ethnic variations are not fully appreciated. This lack of appreciation for the differences among Hispanic subgroups often leads to stereotypical descriptions and inadequate awareness of the needs of a particular subgroup. For example, the Mexican-American experience in the Southwest is substantially different from that of the Puerto Rican in New York or the Cuban in Florida. These variations produce varying degrees of Spanish language usage, cultural tradition and values, and perceived and actual patterns of discrimination and social dislocation. To design a prevention program for Hispanic youth without consideration of these kinds of antecedents is to run the risk of being inappropriate, ineffective, and costly.

Examination of the Hispanic subgroups may lead one to consider an approach to prevention that is characterized by two major threads: (1) Inter-Hispanic — those elements that appear to be generalizable to all Hispanic subgroups; and (2) Specific Hispanic — those elements that are tailored to the specific needs of a particular Hispanic subgroup. Most importantly, any prevention approach for the various Hispanic subgroups appears best served when founded on an understanding and awareness of the nature of biculturality and how that is generationally expressed. This requires a more complete assessment of (a) who the adolescents are we wish to serve and their level of cultural integration or biculturality; (b) the kinds of social situations Hispanic young people face, whether those situations present conflicts, and the nature of those conflicts; as well as (c) whether and which individual coping skills and/or supports are required to maintain social functioning.

## The Significance of a Bicultural Perspective

While it may appear that the above component "c" may be all we need to develop as far as prevention is concerned, the reader is strongly cautioned to invest more time in creating a prevention approach or program for Hispanic youth. The rationale for this is simple yet not always understood: Hispanic youth have bicultural membership and their behavior in the family, while culturally prescribed, may be problematic in the social environment. Therefore, an awareness of an Hispanic adolescent's biculturality may help a practitioner understand whether any conflict is cultural or generational. And if we are committing energy to stopping adolescent alcohol abuse, it becomes essential, at least in the case of the Hispanic youngster, to know at what point culturally prescribed behavior begins to present a problem in the social environment. In this way, understanding the stressors Hispanic youth face may help us be more sensitive to primary prevention.

## Themes of Conflict Among Hispanic Youth

An understanding of the conflicts that Hispanic youth face is critical to helping professionals design and plan prevention programs that are bicultural, relevant, and appropriate.

### *Ethnic Identity*

It has been argued that adolescence is the developmental stage of identity vs. role confusion. For the Hispanic adolescent, the challenge is exacerbated because ethnic identity also has to be explored. This process includes confronting the idea that Hispanics act certain ways and because one is Hispanic, one must act certain ways. In specific terms, each Hispanic youth has to grapple with an ethnic identifier. Ethnic identifiers are different for each Hispanic subgroup. For example, adolescents who are of Mexican/Indian heritage, need to choose whether "Mexican-American" is more suitable than "Chicano," or whether

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"Latino" is better than "Spanish-American." The process of defining oneself both as an Hispanic and as part of a specific Hispanic subgroup is not always easy, for it is fraught with competing interests and varying meanings people give to different terms. It is also a function of, among other things, regional preferences, one's level of sociopolitical awareness, one's perceived discrimination, and the need to identify with a particular group for social identity or power. Not deciding on an ethnic identifier results in tacit acceptance of the prevailing term that others use.

> Lack of appreciation for the differences among Hispanic subgroups often leads to stereotypical descriptions and inadequate awareness of the needs of a particular subgroup.

***Biculturality***

The issue of one's bicultural membership can be particularly stressful as youth learn that one's cultural values at home are not necessarily recognized or valued at work or school. While many youth disagree with their parents over values in their quest for independence, conflicts Hispanic youth have, may lead to rejection of their parents' culture as well. With pressure from peers, school, and work, the illusion may surface that, in order to be truly independent and successful, one has to give up one's culture. Unclear messages and lack of awareness of what is happening may result in difficulties in identity formation.

***The Question of Spanish***

While some argue that when one's cultural values go, so does the indigenous language, others believe the reverse is true. However, what appears to be an issue, for youth development, is the result of losing language, and the concomitant effects on personality, particularly if Spanish was the first tongue. Because school and work primarily reinforce the practice of English, unless Spanish is practiced at home an Hispanic youth may lose its command. Consequently, he or she enters adulthood with insecurities about communicating in Spanish. When faced with the need to communicate in Spanish, the inability to speak the language may add to feelings of powerlessness and a distressed sense of self.

***Sex-Role Identification***

The Hispanic cultures have traditional roots that focus on hierarchies in family roles. The idea that the man and the woman in the family play prescribed roles is not new, and in traditional families, views of what constitutes appropriate behavior are deeply ingrained. Indeed, *machismo* and *marianismo* are highly misunderstood by non-Hispanics and a source of controversy among Hispanics. The entire issue of sex roles is compounded by perceived cultural beliefs about how men and women should act. Feminist and egalitarian values, while liberating traditional conceptions of sex roles among Hispanics, may remain at issue and a potential source of culture conflict.

The issue for many Hispanic youth is coming to grips with their own sexuality and acceptance of their own masculine and feminine traits in the context of Hispanic culture. Questions may surface around perceived cultural definitions and standards of masculinity and femininity, particularly as youth are exposed to non-traditional values and behaviors. Traditional male dominated philosophies about sex roles may be challenged by emerging Hispanic female perspectives and problems with sex-role identification with same-sex parent may reflect conflict and confusion.

## An Empowerment Approach

Primary prevention, as empowerment, reaches along four dimensions: (1) problem solving that develops self-awareness and decision making; (2) personal planning that develops self-determination and goal setting; (3) personal leadership that develops courage and self-discipline; and (4) personal integration that develops self-acceptance and self-trust. It is focused on the individual and on the development of self-accountability, teaching youth that their lives are in their own hands, that what they become is a result of what they choose, and that their growth and successes will be a function of their willingness to act in behalf of their own best interests.

***Problem Solving***

The ability to choose what is best for one's growth is not inherent, and at no point is information and analytical thinking more crucial than during adolescence. Skills necessary for problem solving include: weighing costs and benefits of choices; listening to one's own thoughts and feelings; distinguishing illusions from reality; handling competing interests; choosing from various alternatives; creating alternatives; assuming responsibility; and becoming self-disciplined.

***Personal Planning***

Deciding what one wants to do with one's time and energy is essential to goal setting and attainment. Helping youth take responsibility for their own lives helps foster independence and gives them a sense that what they think and feel is important. Youth need opportunities to think and dream about their futures, and help in learning how to set goals and objectives, how to manage their time, how to overcome their fears of failure and success, how to reinforce themselves, and how to adjust their attitudes. Social and environmental supports are needed to accomplish this.

Hispanic youth are often caught in the usual web of conflict between parental and peer-group values, but additionally may have to transcend a family history of limited success and historical factors that may impede success.

***Personal Leadership***

Developing personal leadership and accountability and helping youth understand

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what adaptation and wellness is may empower them in ways that promote self-confidence. As youth learn health behavioral skills that can be applied to any situation, their sense of self-control may be heightened and their self-concept strengthened. Part of health promotion is helping youth recognize that their lives will be largely a function of the choices they make.

***Personal Integration***

Central to acting in one's own best interests is an acceptance of self and confidence in one's own ability to carry out one's decisions. Youth who arrive at an understanding of what they need to do in a situation and then postpone doing it often suffer from underlying personal fears. Youth experience changes not only in biological/physical sexual maturity and in withdrawing from the benevolent protection of parents but also in the consciousness of self, in the reevaluation of values, and in becoming an active participant in society.

The process of learning who one is and how one reacts to personal and cultural strain may cause confusion and inhibit self-acceptance. Hispanic youth who have adopted new values and behaviors different from those of their traditional parents may experience guilt and shame, which can set up self-punishing tendencies and fears of success. Situations that find traditional Hispanic parents in conflict with their more acculturated children can become emotionally volatile and lead to fears of rejection.

## An Application

Prevention efforts that help Hispanic youth address social pressures such as alcohol use encouragement, as well as the cultural pressures of acculturation, may prove effective. Efforts should go beyond basic preventive education and explore the social contexts of risk-taking and how to manage them. Appropriate life-management skills may equip Hispanic youth with a sense of power to deal with the stresses that often accompany alcohol using situations.

While this discussion has described an approach to primary prevention that has implications for the development of coping resources, its implementation must provide Hispanic youth access to social support — individuals, groups, and organizations which cannot only serve as generalized resistance resources to stressful situations, but deliver programs and services in sensitive and culturally relevant ways.

*Dr. Fernando Galan is Professor and Director of the Social Work Program at the University of Texas at El Paso. Dr. Galan received his Ph.D. from the Florence Heller Graduate School for Advanced Studies in Social Welfare at Brandeis University. Dr. Galan is active with the National Association of Social Workers and is a current member of the national Board of Directors of the Council on Social Work Education, the regulating and accrediting body of all social work programs in the United States and Puerto Rico. In El Paso, he is the lead facilitator for the Youth Alcohol and Tobacco Task Force and Co-Chair of the community wide Health and Human Services Task Force for Unite El Paso.* *This article has been abstracted, with permission, from: Galan, F.J. (1988). Alcoholism Prevention and Hispanic Youth. The Journal of Drug Issues, 18, 49-58.*

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# EMPOWERING COMMUNITIES TO PREVENT ADOLESCENT SUBSTANCE ABUSE

*By Tracy W. Harachi, Ph.D., Charles D. Ayers, Ph.D., J. David Hawkins, Ph.D., Richard F. Catalano, Ph.D., and Judy Cushing*

The premise that prevention efforts should focus on reducing individual and environmental factors predictive of disorders such as substance abuse is now widely accepted. To the extent that they are malleable, risk factors increase the likelihood of later problems and protective factors reduce the likelihood of later problems and buffer exposure to risk. Risk and protective factors present useful targets for prevention efforts and are found in both the individual and the social environment. Youths who have protective individual characteristics, such as high intelligence and resilient personalities, or environmental protections, such as strong attachments to others with norms and values against adolescent drug use, are less likely to develop alcohol and other drug problems than youths without these protective factors who face the same risk exposure.

> Risk and protective factors present useful targets for prevention efforts

Risk- and protective-focused prevention encourages objective identification of the most widespread or elevated risks and lowest protection in a given population, thus enabling efficient allocation of resources toward priority risks at developmentally appropriate times. The research of Newcomb, Maddahian and Bentler has shown that comprehensive approaches to risk- and protective-focused prevention are the most promising, because the incidence and severity of subsequent problems have been shown to increase with exposure to a greater number of risk factors, or a lower number of protective factors. When prevention programs are undertaken comprehensively at the community level, multiple risk and protective factors can be targeted across social domains and developmental periods. This approach encourages involvement by diverse community organizations and social systems, which facilitates reaching more of those at greatest risk and least protection, harnesses the power of culture to affect individual behavior, and can be sustained more effectively over time.

TOGETHER! Communities for Drug Free Youth was launched in the summer of 1990 as a joint project of the University of Washington's Social Development Research Group and the Oregon State Office of



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# FROM THE EDITOR'S P.C.

*Dear Colleagues:*

*Our Spring issue is focused on Community Prevention Models. This is such a difficult area to really understand, as there are a multitude of models floating out there in the universe. In order to make sense of community prevention, we were fortunate enough to have eleven of the leading experts in the U.S. submit material for this issue. Some of these scholars are well known and their work is often cited in the literature.*

*We have distilled the archival and journal language so our readers can get a quick snapshot of the most effective prevention strategies available. Our authors for this issue are: Cheryl Perry, Ph.D. and Carolyn Williams, Ph.D. of the University of Minnesota; Tracy Harachi, Ph.D., David Hawkins, Ph.D., Richard Catalano, Ph.D., and Charles Ayers of the University of Washington; Judy Cushing of the Oregon Partnership; Barbara Plested, M.A., Pamela Jumper Thurman, Ph.D., Ruth W. Edwards, Ph.D., and Eugene Oetting, Ph.D. of Colorado State University. We think that you will find this issue most interesting.*

*Additionally, we are excited to report that we are now being indexed in ERIC as well as SocAbstracts and CINAHL.*

*As always, I want to remind all of our readers that we have updated our web page. It has a whole new look and we are very excited at the number of visitors to our cyberspace site. All references and abstracts of back issues are on-line at our web site. Please check us out at:* ***http://www.integres.org/prevres/***

*Steven Ungerleider, Ph.D.*
*Psychologist/Editor*

Alcohol and Drug Abuse Programs (OADAP), as a demonstration of the Communities That Care (CTC) strategy. The goal of CTC is to mobilize communities for the comprehensive, risk- and protective- focused prevention of adolescent substance abuse. TOGETHER! Communities for Drug Free Youth sought to discover whether communities could be effectively mobilized and trained using the CTC strategy; whether, once mobilized, key community leaders and their community prevention boards would follow the CTC strategy for assessment, planning, and program implementation; and whether community involvement would be maintained over time. A pilot test of the program model had shown that it could be implemented as a multi-site project.

Communities That Care is a prevention strategy based upon research on predictors of health and behavior problems. Theoretically grounded in the social development model, its goal is to mobilize and train communities to reduce risk factors that predict adolescent problem behaviors and increase protective factors that inhibit these behaviors. The strategy consists of three community training events and technical assistance as needed, encompassed within three phases: (1) activation of key leaders and formation of a community prevention board; (2) community risk and resource assessment; and (3) development of community prevention action plans and implementation.

Designing and implementing comprehensive, broad-based community efforts to reduce risk factors predictive of adolescent substance abuse and to enhance protective factors is a promising strategy for preventing substance abuse. The feasibility of such a strategy depends on the answers to two questions: (1) Can communities be mobilized to engage in risk-reducing and protection-enhancing prevention efforts without extensive financial backing or external staffing, and (2) can community members be sufficiently trained to an "application level" in a risk- and protective-focused approach to prevention? These questions were the focus of the TOGETHER! project in its field test of the CTC model.

Forty Oregon communities responded to the initial invitation to send key leaders to an orientation on the project. Of those, 35 ultimately completed all three trainings. A year after training, 28 volunteer community boards had completed comprehensive risk- and protective-focused prevention plans. Less than a year into the planning and implementation phase, 27 had begun implementing risk reduction and protection enhancement strategies. Four years later, 31 boards were still active, and 28 of them were involved in the implementation of risk reduction and protection enhancement programs.

This project demonstrated that volunteer community boards were both willing and able to conduct quantitative assessments of risk and protective factors in their communities. All 35 community boards conducted some level of quantitative risk assessment following training protocols. Twenty of them conducted student or household surveys as part of their assessment of community risk and protection levels in addition to collecting and using archival data.

A testament to the success of the strategy, the Oregon Office of Alcohol and Drug Abuse Programs (OADAP) institutionalized the TOGETHER! project. OADAP made a commitment to provide continuing technical assistance and training to new communities as well as those already in the project. To date, OADAP has trained 18 additional community boards in the CTC model. Additionally, three project communities received community partnership funding from the Center for Substance Abuse Prevention, either directly through their TOGETHER! board or through another coalition involved in the project.

The TOGETHER! project demonstrated that multiple communities could be mobilized using the CTC strategy and, once mobilized, community prevention boards will implement promising risk reduction and protective factor enhancement strategies when they are sufficiently trained to do so. Having access to a prevention knowledge base, a process for transferring that knowledge into a plausible plan of action, and the provision of technical assistance appear to be sufficient to produce risk- and protective-focused preventive action in these communities. Following is a case example of one of the community efforts.

In the summer of 1990, a group of key leaders from the cities of Middletown and Anyville (population approximately 130,000, 90%

white) came together to build a network for the prevention of substance abuse in their communities. When the Oregon TOGETHER! Project invited the communities to participate that same summer, 18 of the key leaders attended the one-day project orientation. From that orientation, the key leaders' group formed a community prevention board of representatives who could speak for their organizations. The board met twice a month, developed an organizational structure and attended the project's Risk and Resource Assessment training. By the spring of 1991, many key leaders signed a "Middletown-Anyville TOGETHER! Proclamation" at a public event to formalize the planning board and its work, and $5,000 was raised from various community sources to support a part-time project coordinator. A speakers' bureau was created, and members were trained to educate the community about the project. A membership committee was formed to reach out to targeted subcommunities that were not yet involved in the project. Risk and resource assessment data were collected and priority risk factors identified (family management problems, community laws and norms favorable toward alcohol and other drug use, extreme economic deprivation, and alienation, rebelliousness and lack of social bonding).

> When prevention programs are undertaken comprehensively at the community level, multiple risk and protective factors can be targeted across social domains and developmental periods.

A multi-year, $1 million grant based on the project's public health model was funded by the Center for Substance Abuse Prevention in the fall of 1991.

The mission of Middletown-Anyville TOGETHER! is to "reduce youth substance abuse by focusing cooperative efforts of the community to enhance the quality of life," to be accomplished by directing efforts toward community collaboration, community planning, community education, and community mobilization. By the end of February 1992, a community action plan was finalized and approved by the prevention board. Additional youth were recruited onto the board as those most directly affected by its mission. The work accomplished during the initial implementation year focused primarily on training community groups in the project's risk- and protective-focused framework in order to develop the board's partnership with other organizations, expand the board's representation, and encourage other community groups to develop and implement plans addressing risk and protective factors.

By the fourth year, the number of collaborating partners had reached 48 and included the local school district, individual public and private schools, local community colleges and universities, religious organizations, social service agencies, the City of Middletown, the Middletown Housing Authority, the Middletown and Anyville Police Departments, the county sheriff's office, a local hospital, two shopping malls, civic clubs, and others. Over 40 key community leaders actively supported the efforts of the board.

Middletown-Anyville project activities were organized into five categories, including general activities and activities falling under each of the four prioritized risk factors. General activities included community education; technical assistance to community organizations involved in drug abuse prevention; media efforts, including a monthly newsletter and local informational campaigns of news reports on issues related to youth substance abuse; an annual student alcohol and drug use survey conducted in cooperation with the Middletown-Anyville School District and private schools in the area, and multicultural activities focused on improving cross-cultural understanding and reducing social isolation experienced by community members.

Activities addressing the risk factor, *family management problems*, included training of volunteers and the implementation of a parent education and skills training curriculum based on the Preparing for the Drug Free Years program. This curriculum was delivered in English and Spanish in a variety of locations including low-income housing, schools, churches and synagogues, the YMCA, and at the National Guard Office. Other activities included mini-grants to family resource providers for the inclusion of risk factor information into their curricula; cooperative work with religious organizations via a "Parish Support Team" to create an interfaith network of drug abuse prevention, intervention and treatment; and support for the printing and distribution of a "Quarterly Family Calendar."

*Community laws and norms favorable toward alcohol and drug use*, the second priority risk factor, was addressed by the following activities: law enforcement roundtables to develop a consistent response to Minor in Possession (MIP) infractions; support of the Middletown Area Chamber of Commerce's Drug-Free Business Initiative, which included policy workshops and the establishment of drug-free workplaces; recommendation and lobbying for a change in the City of Middletown's Alcohol Policy for Parks and Recreation Facilities; co-sponsorship, with the Juvenile Department and the School District, of letters to all parents of middle school students informing them of the legal implications of MIP offenses; co-sponsorship of the statewide Partnership for Drug-Free Oregon's media campaign; provision of informational materials at local community events; and formal and informal recogni-

tion of individuals, agencies, and organizations working on prevention efforts.

Programming to target *alienation, rebelliousness and lack of social bonding* included sponsorship of the Youth Speak Coalition, which provided opportunities for youths to make positive "connections" and increase social bonding with other community youths as well as adults. The 22-member Youth Council standing committee of the prevention board provided sponsorship and support for positive youth involvement in local activities. Through training in "Judicious Discipline," adults and youth learned about the rights and responsibilities of youth within general social settings including school, community, family, and camp. It was implemented with local recreation and youth leadership staff and piloted in the schools in cooperation with the local school district. The Youth Speak Coalition provided services for "downtown" youth including apprenticeship programs, youth and law enforcement relationship enhancement activities, a skateboard park, a monthly newsletter, and the creation of a downtown mural. The TOGETHER! board also worked on assisting youths in making positive connections within the community. It provided a pilot "basketball-mentor" program and a program to help incoming middle school students make the transition from elementary school by providing connections with their new school, their school peers, and school staff. Besides serving on the TOGETHER! youth council, youths served on the planning board and other standing committees, including the Speakers' Bureau. Youths were also involved in other activities such as trainings on cultural diversity, planning for community events (e.g., Alcohol and Drug Awareness Week, Red Ribbon Week), and making presentations at community forums. Youth were also sponsored by the TOGETHER! board to attend leadership trainings.

The risk factor of *extreme economic deprivation* was addressed by the Middletown-Anyville TOGETHER! Board through their partnership with the Middletown Housing Authority, the Regional Parks and Recreation Agency, the local County Extension 4-H, Camp Fire Boys & Girls, and the Middletown Police Department. An 18-month project of this partnership assisted residents of two low-income housing villages to make connections with community resources. A survey of families receiving public assistance was also conducted in order to develop plans for decreasing the social isolation that may be experienced by those families.

This community case example illustrates a viable process that communities can undertake to mobilize for prevention goals. This community development approach appears to hold much promise for health promotion, in contrast to top-down social planning or conflict-oriented social action. The evidence from the TOGETHER! project shows that community ownership and targeting of local priorities are crucial to community development efforts. Further, these results suggest a rigorous, controlled study of Communities That Care should be conducted to determine its effects in preventing adolescent substance abuse and related adolescent behavior problems including delinquency, violence, school drop-out and teen pregnancy.

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## WANT TO KNOW MORE?

**These following resources are available on the World Wide Web for those who want to know more about Community Prevention.***

**Center for AIDS Prevention Studies (CAPS)**
http://www.caps.ucsf.edu/
*CAPS is committed to maintaining a focus on prevention of HIV disease, using the expertise of multiple disciplines, and an applied and community-based perspective within a university setting.*

**Community Anti-Drug Coalitions of America (CADCA) - Live**
http://www.cadca.org
*CADCA's mission is to build and strengthen the capacity of coalitions to prevent and reduce substance abuse and violence in communities across America.*

**Join Together**
http://www.jointogether.org/
*Join Together is a national resource center and meeting place for communities working to reduce substance abuse and gun violence.*

**National Institute of Drug Abuse (NIDA)**
http://www.nida.nih.gov/
*NIDA is a government organization focused on drug abuse. Within their web site are several resources related to community prevention.*

** The above mentioned web sites are intended as starting points. There are many good web sources available on Community Prevention. The Prevention Researcher does not endorse or promote resources or web sites.*

# COMMUNITY READINESS:
## A TOOL FOR EFFECTIVE COMMUNITY-BASED PREVENTION

*By Barbara A. Plested, M.A., Pamela Jumper Thurman, Ph.D., Ruth W. Edwards, Ph.D., and Eugene R. Oetting, Ph.D.*

Attempting to solve community problems through national policy simply will not work. Locally initiated efforts are not always successful either, however. Many groups led by excellent prevention professionals have received federal and state funding to implement what appear to be very good ideas but experience frustration when they meet with limited success in their communities. In our experience, successful local prevention efforts must be both community specific and culturally relevant.

Most communities are very different from one another. Types of reliable resources vary from community to community as do strengths, challenges and political climates. It is not really surprising then, that what works in one community may be ineffective in another community.

There are many anecdotal accounts of how outside consultants have been called into a community to prescribe solutions for community problems which have met with only minimal success. This does not necessarily reflect on the expertise of the consultant, but rather is a result of the fact that it is rarely possible, in a short period of time, to acquire an understanding of the cultural nature and political climate of a community that is necessary to develop appropriate strategies and programs. When "experts" leave, their "prescription" often falls by the wayside. Further, because so many different sectors of a community may be affected by a community problem, prevention efforts are often fragmented. In order to affect long-lasting community change, it is essential that a community pull together in the development of interventions appropriate to their unique situation. It is our contention that there are experts within each community if they are given the proper tools to use. The Community Readiness Model is one such tool.

> In order to affect long-lasting community change, it is essential that a community pull together in the development of interventions appropriate to their unique situation.

The Community Readiness Model is an innovative method for assessing the readiness of a community to develop and implement prevention programming. Although the Community Readiness Model was originally developed at the Tri-Ethnic Center for Prevention Research at Colorado State University to address community alcohol and drug abuse prevention efforts, it has the broader aim of assessing readiness for a gamut of problems ranging from health and nutritional issues such as sexually transmitted diseases, heart disease, and diet, to environmental issues such as water and air quality, litter and recycling, to other social issues such as poverty, homelessness, and violence. The model identifies specific characteristics related to different levels of problem awareness and readiness for change. In order to stand a chance of success, interventions introduced in a community must be consistent with their awareness of the problem and their readiness for change.

The Community Readiness Model identifies nine stages of readiness.

1) *Community Tolerance*, which suggests that the behavior is normative and accepted.

2) *Denial*, which involves the belief that the problem does not exist or that change is impossible.

3) *Vague awareness*, which involves recognition of the problem, but no motivation for action.

4) *Preplanning*, a stage indicating recognition of a problem and agreement that something needs to be done.

5) *Preparation*, which involves active planning.

6) *Initiation*, which involves implementation of a program.

7) *Institutionalization*, which indicates that one or two programs are operating and are stable.

8) *Confirmation and expansion*, which involves recognition of limitations and attempts to improve existing programs.

9) *Professionalization*, marked by sophistication, training, and effective evaluation.

Stages are assessed by evaluating the community on six dimensions: A) Existing Prevention Efforts, including programs, activities, and policies; B) Community Knowledge of Prevention Efforts; C) Leadership including appointed leaders and influential community members; D) Community Climate; E) Knowledge About the Problem; and F) Resources for Prevention including people, money, time, and space.

The Community Readiness Model was developed using two solid theoretical traditions: (1) psychological readiness for treatment, and (2) factors related to community development. The former is as simple as a therapist's recognition of not pushing the client to a level of therapy that he or she is not yet ready to embrace. If the client is pushed beyond

his or her level of readiness the treatment may fail. Communities are much the same. The tradition of community development recognizes the complex and dynamic interactions that are involved in community level, consensus-seeking, collective action. It focuses on the group process involved in making decisions.

The first step is to determine the community's stage of readiness for the particular problem involved. For example, a community may have a strong, institutionalized program for drug abuse prevention, but still be at the denial stage for preventing a problem. Planning strategies in collaboration with key people in the community results in cultural integrity and the investment of community residents which enhance the potential of success. Community members assist in identifying and owning the problem, identifying potential barriers in their own language and context, and collaborating in the development of interventions that are culturally consistent with their populations.

Since the consequences of a community problem affect many segments in that community, it is unlikely that any one organization or person will have the complete picture. The consequences of substance abuse, for example, may include violence, birth defects, child abuse and neglect, property damage, injuries and fatalities, criminal activity, lost productivity, on-the-job problems, and 'co-dependent' emotional distress. To assess community readiness to address a problem, a key informant survey is used to obtain information from community people knowledgeable about the issue(s).

*Key informants.* The key informants should be selected from members of the community who know about the problem being examined, existing prevention programs aimed at that problem, and various segments of community leadership. They should be leaders or working in the community on a day-to-day basis. For substance abuse, key informants could include school drug and alcohol counselors, community agency representatives, law enforcement representatives, community government officials, senior citizens, youth, or a media representative. If key informants are chosen appropriately, four to five interviews are usually sufficient to gather the needed information in a given community. If inconsistencies are found among the responses of key informants, additional interviews should be conducted until the interviewer is confident they have enough understanding of the community dynamics.

In order to conduct and score the interviews, two sets of materials are necessary which can be obtained by contacting the authors. These materials include 1) questions for the semi-structured interview, and 2) scoring sheets for each dimension of community readiness.

*Semi-structured interview.* Interviews can be conducted in person or by telephone. The questions used are easily adaptable to address a wide range of community problems and relate to the six dimensions noted above that form the basis for scoring the interviews. Detailed notes are taken and the result should be a qualitative description of what is occurring in that community related to each of the six dimensions.

*Scoring.* The scale for scoring each dimension is anchored by descriptive statements and utilized for ranking the responses of each interviewee on each dimension. In order for a score to be assigned, the conditions set forth in all lower ranking anchor statements must have been satisfied. After reviewing the ratings on all six dimensions for all interviews in a given community, the interviewer assigns the community to the stage which best represents the aggregate ratings of the dimensions. The assignment should not be made simply on the basis of average ratings on the dimensions, but rather should be a qualitative judgment based on all of the interview information in combination with the scores on the individual anchored rating scales. As an example, the ratings on the dimensions of leadership, prevention knowledge, and knowledge about the problem in a community may be relatively high, but if the community climate rating is very low, it suggests that despite the core of active and knowledgeable leaders, they lack community support and are not likely to succeed. In this case, additional weight must be given to the community climate dimension in rating the overall readiness of the community.

Once community readiness has been assessed, it is time to develop strategies for moving the community from their current level to the next higher one. The interventions suggested below are by no means comprehensive but have been utilized effectively by some communities. For communities in the first four stages (tolerance through preplanning) strategies are generally aimed at raising awareness that a problem exists. For instance, activities at the stage of community tolerance should be restricted to one-on-one and/or small group activities. Home visits to discuss the issues and win people over, small activity groups, talking circles, and one-on-one phone calls have been used effectively by some communities who assessed themselves at this stage.

At the denial stage, the focus is on creating awareness that there is a problem in this community. Statistics may be less important than descriptive incidents. At this stage personalized case reports and critical incidents are likely to be of more impact than general statistics or data. Media reports, presentations to community groups, and similar educational interventions can

*We would like to thank the Everett family for their generous donation in support of this issue of The Prevention Researcher.*

focus on the general problem in similar communities, but also must include local examples to create awareness that there is also a local problem.

At the vague awareness stage, communities can utilize small group events, pot lucks or potlatches, and newspaper editorials or articles. Although use of national or regional data may make little impression on community residents, local survey data may be of value, including results of school surveys, phone surveys, or focus groups. It should be noted that at this stage of readiness, some elements of the community such as school officials and parents may be resistant to initiating these types of activities. However, they should be encouraged to do so for the growth of the community.

At the preplanning stage, communities can begin to gather information related to effective prevention programming, examine existing curricula and educational materials that are culturally relevant, make efforts to invest key community members in the planning process, conduct local focus groups or small public forums to discuss the issues, and increase media exposure.

For communities in the stages of preparation and initiation, efforts are generally aimed at gathering and providing community specific information to the general public. Addressing substance use for example, at the preparation stage a valid and reliable school drug and alcohol survey might be initiated so that accurate local data are available. Community telephone surveys could be conducted to gain information about community attitudes and beliefs about drug and alcohol use, in-depth local statistics should be gathered, more diverse focus groups should be held to gain a wider representation of the community and develop practical prevention strategies and proposals for grants could be begun. Communities at the initiation stage might conduct training for professionals and paraprofessionals, conduct consumer interviews to gain information about improving services, identify service gaps, and utilize computer searches to identify potential funding sources that match community needs.

For communities in the final three stages, institutionalization, confirmation and expansion, and professionalization, strategies are more programmatic in nature. Activities at the institutionalization stage consist of initiating basic evaluation techniques in an effort to modify and improve services, provide in-service training to increase the number and quality of trained community professionals, plan community events, offer community volunteer recognition, and conduct community workshops. At the confirmation and expansion stage, the same types of activities can be utilized, but at a higher level of sophistication. This might include external evaluation services to provide a more comprehensive community data base, activities that change local community policy or norms, media outreach that provides information about local programs and reports local data trends, and community focus groups or public forums to maintain grassroots involvement. For the rare community which has achieved the final stage, professionalism, interventions could consist of a very high level of data collection and analyses, sophisticated media tracking of trends, local business sponsorship of community events, and diversifying funding resources.

In summary, effective community prevention must be based on involvement of multiple systems and utilization of community resources and strengths. Efforts must be culturally relevant and accepted as long term in nature. The Community Readiness Model takes these factors into account and provides a tool communities can use to focus and direct community efforts toward a desired result, maximizing their resources and minimizing discouraging failures.

It is hoped that communities who utilize this method will provide feedback to the authors on their experience with the model. Many communities have maintained contact with the Center, allowing follow-up on their experiences using the Community Readiness Model. Most have moved forward through the stages. For those communities that have not moved forward the reasons are varied, but consistent themes have been political changes within the communities, tribes, or villages and/or personnel changes. For some, a critical community crisis has arisen which has forced the problem originally being addressed into the background as the community deals with an even more immediate problem. The majority of communities who have utilized the model, however, have already been successful in developing plans and strategies to the point of implementation, or have made plans and are seeking resources for starting these programs. Some communities have chosen not to utilize funding, but rather to engage the community in volunteer action. In any case, the communities will continue to utilize the model to monitor their progress and assist in developing their future plans.

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*For a more complete discussion of the Community Readiness Model, including interview questions, scales and detailed scoring instructions, contact the authors at the Tri-Ethnic Center for Prevention Research, Colorado State University, Ft. Collins, CO 80523 800-835-8091.*

# PROJECT NORTHLAND:
## OUTCOMES OF A COMMUNITY-WIDE ADOLESCENT ALCOHOL USE PREVENTION TRIAL

*By Cheryl L. Perry, Ph.D. and Carolyn L. Williams, Ph.D.*

### Introduction

Adolescent alcohol and other drug use remain major public health problems in this country. Alcohol use among adolescents is widespread; close to 92% of 12th graders reported any lifetime use in 1995, even though drinking is illegal for essentially all high school students. Motor vehicle crashes are the leading cause of death for adolescents, with one third to one half of such crashes involving alcohol. Furthermore, early onset of alcohol and tobacco use is a risk factor for progression to other forms of drug use.

The pervasiveness and promotion of alcohol use in our society, contrasted with the needs and skills of youth, create a social environment that puts many adolescents at risk for alcohol-related problems. Public health strategies to prevent alcohol-related problems typically adopt either demand- or supply-reduction approaches. School-based programs addressing individual characteristics and peer influence are the most common approaches, primarily targeting early adolescents. School programs focusing on social influences, such as peer resistance training or attempts to change perceived norms, have shown considerable promise.

Several factors appear as potentially critical to adolescent alcohol use prevention: (1) the need for an adequate number of hours of curricula over at least 3 years; (2) implementation of the intervention protocol; (3) peer involvement in implementation; (4) an intervention focus on social influences, life skills, and peer resistance skills; (5) an intervention focus on changing perceived alcohol norms; (6) the need for parent, peer, and community involvement in changing alcohol use norms; and (7) school-based demand reduction strategies. Unfortunately, multilevel interventions that include both individual behavior change (demand) and environmental change (supply) strategies are far less common in alcohol use prevention programs, despite their proven utility in reducing adolescent tobacco use.

Project Northland is a community-wide research program designed to test the efficacy of a multilevel, multi-year intervention program for youth. It is the first such trial that assigned randomized school districts and adjoining communities to an intervention condition, specifically targeted adolescent alcohol use, and used a multilevel intervention program. It was anticipated that this multilevel program would change parent-child communication about alcohol use, the functional meanings of alcohol use for young people, the students' self-efficacy to resist alcohol, peer influences to drink, alcohol use norms, and the students' ease of access to alcohol in their communities.

### Participants

Project Northland involves mostly rural, lower-middle-class to middle-class communities in six northeast Minnesota counties. This area has the most alcohol-related problems in Minnesota. There are seven American Indian reservations in the area. The 24 school districts were recruited systematically; 4 smaller school districts were combined with nearby districts and these 20 combined districts were blocked by size and randomized to an intervention condition or a reference condition. The study group is the class of 1998; these students were sixth graders at baseline in fall 1991 and included 2,351 students. Ninety-four percent of these students are White and 3.3% are American Indian.

### Intervention Programs

The intervention programs were implemented during sixth, seventh, and eighth grades and in the intervention communities as a whole during the same period of 1991 to 1994. These intervention programs include parent involvement and education programs, behavioral curricula, peer leadership and participation, and community task force activities. Each intervention year had an overall theme that uniquely identified Project Northland's programs and was tailored to the group's developmental level and school organization, since most of the students moved from elementary to junior high schools between sixth and seventh grades. The programs underwent extensive pilot tests in a different, but comparable, Minnesota community, and revisions were made prior to implementation.

*Sixth grade.* The Slick Tracy Home Team Program, implemented in 1991/92, involved a "home team" approach consisting of four sessions of activity-story books (with characters Slick Tracy and Breathtest Mahoney as role models). The intervention students completed the activity books as homework with their parents during 4 consecutive weeks. In addition, issues of *Northland Notes for Parents*, containing information on young adolescent alcohol use, were included in each Slick Tracy activity book. The intervention also involved small-group discussions around the themes of the books during school and the Slick Tracy Family Fun Night, an evening fair

at which students' posters and projects from the program were displayed.

Thirteen Project Northland community-wide task forces were formed during 1992 and included members from a cross section of each community: government officials, law enforcement personnel, school representatives, business representatives, health professionals, youth workers, parents, concerned citizens, clergy, and adolescents.

*Seventh grade.* The Amazing Alternatives! Program, implemented in 1992/93, consisted of (1) a kickoff evening with parents, "The Awesome Autumn Party," (2) an 8-week peer-led classroom curriculum "Amazing Alternatives!" (3) a peer participation program to create alternative alcohol-free activities, "The Exciting and Entertaining Northland Students (T.E.E.N.S.)," (4) four Amazing Alternatives! Home Program booklets mailed directly to parents, and (5) three new issues of *Northland Notes for Parents*. The overall theme of the seventh-grade programs was ways to resist and counteract influences on teens to use alcohol.

The Amazing Alternatives! Classroom Program included eight sessions of peer- and teacher-led activities over 8 weeks. Based on a World Health Organization study and the Saving Lives Program, the program used audiotape vignettes, group discussions, class games, problem solving, and role plays related to themes of why young people use alcohol, alternatives to use, influences encouraging drinking, strategies for resisting those influences, normative information that most people their age do not drink, and intentions not to drink. Peer leaders for the classroom program were elected by students among individuals they "liked and respected," without any admonishments from adults to restrict the leaders to nonusers of alcohol.

The peer participation program was named T.E.E.N.S. by the students involved. The program was designed to provide peer leadership experience outside the classroom through participants' involvement in planning alcohol-free activities for seventh-grade students. Adult volunteers were recruited from the middle and junior high schools to facilitate the T.E.E.N.S. groups. One-day leadership training sessions were held in fall 1992 for 73 student representatives from 18 schools. The training included learning methods to determine seventh graders' favorite activities, how to plan a budget for an activity, and how to publicize an activity. Planning booklets were given to the students. Sixteen percent of the intervention group consisting of 166 students participated in planning at least one activity for their peers.

The community-wide task force activities in 1992/93 involved the passage of five alcohol-related ordinances and three resolutions, including enactment of local ordinances requiring responsible beverage service training to prevent illegal alcohol sales to underaged youth and intoxicated patrons in three of the communities.

*Eighth grade.* Powerlines, implemented in 1993/94, consisted of an eight-session classroom curriculum; a theater production, "It's My Party," involving eighth-grade actors and performed at each school for classmates, parents, and community members; three new issues of *Northland Notes for Parents*; and the continuation of T.E.E.N.S. groups and community-wide task force activities.

The goals of the eighth-grade interventions were to introduce students to the "power" groups (individuals and organizations) within their communities that influence adolescent alcohol use and availability and to teach community action/citizen participation skills. Students interviewed parents, local government officials, law enforcement personnel, school teachers and administrators, and retail alcohol merchants about their beliefs and activities concerning alcohol use. Students conducted a "town meeting" in which small groups of students represented various community groups and made recommendations for community action for alcohol use prevention.

## Prevention Principles for Community Programs

**The following checklist is provided by The National Institute of Drug Abuse to assist in determining whether a specific program includes research-based prevention principles:**

- **To be comprehensive, does the program have components for the individual, the family, the school, the media, community organizations, and health providers? Are the program components well integrated in theme and content so that they reinforce each other?**
- **Does the prevention program use media and community education strategies to increase public awareness, attract community support, reinforce the school-based curriculum for students and parents, and keep the public informed of the program's progress?**
- **Can program components be coordinated with other community efforts to reinforce prevention messages (for instance, can training for all program components address coordinated goals and objectives)?**
- **Are interventions carefully designed to reach different populations at risk, and are they of sufficient duration to make a difference?**
- **Does the program follow a structured organizational plan that progresses from needs assessment through planning, implementation, and review to refinement, with feedback to and from the community at all stages?**
- **Are the objectives and activities specific, time-limited, feasible (given available resources), and integrated so that they work together across program components and can be used to evaluate program progress and outcomes?**

Live theater was seen as a potentially useful prevention strategy with parents in the third year. This idea led to a collaboration with the Child's Play Theater Company of Minneapolis. Development of a production of "It's My Party" began with script writing by Child's Play and Project Northland staff. Two teams of actor-educators were trained to conduct a half-day workshop with approximately 10 eighth-grade students from each of the 20 intervention schools and then went on tour. After the workshop (on the same day), the students performed the play for their peers, parents, and members of the community.

T.E.E.N.S. continued during the eighth grade, and alternative activities took place in all intervention school districts. In addition, three editions of *TEENSpeak*, a newsletter written by and for eighth-grade students in the Project Northland cohort, were sent to parents and peers.

The community-wide task forces continued their efforts throughout 1993/94, resulting in 28 task force meetings during the year. Increased emphasis was given to collaboration with existing organizations to make as many linkages as possible with local groups directly influencing underage drinking. Activities during 1993/94 included (1) discussions with local alcohol merchants about their policies concerning young people; (2) distribution of materials on the sale of alcohol to minors, including identification checks and legal consequences for selling alcohol to minors; (3) ongoing meetings to link community businesses and schools; and (4) the continued sponsorship of alcohol-free activities for young teens, including the establishment of one teen center.

In summary, students in the intervention communities in the class of 1998 have been exposed to 3 years of parental involvement, behavioral curricula, peer leadership opportunities, and community-wide task force activities. The students were educated with skills to communicate with their parents about alcohol (sixth grade), to deal with peer influence and normative expectations about alcohol (seventh grade), and to understand methods that bring about community-level changes in alcohol-related programs and policies (eighth grade). At the same time, changes were sought in how parents communicated with their children, how peers influenced each other, and how the communities responded to young adolescent alcohol use. Therefore, not only were students learning skills to affect their social environment, but changes in the social environment were also directly sought.

## Participation in the Intervention Programs

Project Northland was able to maintain widespread participation in the program, including participation by nearly half of the students in peer-planned alcohol-free activities outside of school. The sixth-grade intervention was implemented primarily in students' homes, with high rates of participation. In seventh grade, all intervention schools implemented the program curriculum using 273 elected, trained peer leaders and held the fall evening party, with about 1,700 people attending. In the eighth grade, all intervention schools implemented the curriculum, as well as a theater production (with approximately 2,700 people attending 20 performances). Peer-planned alternative activities occurred in seventh and eighth grades. Community-wide task force activities were ongoing in all of the communities from 1992 through 1994.

## Alcohol and Other Drug Use Outcomes

Alcohol use outcomes were measured by the Tendency to Use Alcohol Scale and its separate items from fall 1991 to spring 1994. Among all 1,901 students, those in the intervention districts had significantly lower scores on the Tendency to Use Alcohol Scale (indicative of less likelihood of

### Table 1

**Alcohol and Other Drug Use: Comparison of Class of 1998 Students in the Intervention and Reference School Districts.**

| | INTERVENTION | REFERENCE |
|---|---|---|
| **Mean Tendency to Use Alcohol scale score** *(score range is 8 - no tendency to use alcohol - to 48 - high level of use and intentions).* | | |
| Fall 1991 | 11.5 | 11.0 |
| Spring 1992 | 11.7 | 11.6 |
| Spring 1993 | 14.5 | 14.9 |
| Spring 1994 | 16.0* | 17.5 |
| **Past month alcohol use** *(at least one occasion)* | | |
| Fall 1991 | 6.9%* | 3.9% |
| Spring 1992 | 7.6% | 6.3% |
| Spring 1993 | 14.9% | 17.5% |
| Spring 1994 | 23.6%* | 29.2% |
| **Past week alcohol use** *(at least one occasion)* | | |
| Fall 1991 | 3.8%* | 2.0% |
| Spring 1992 | 3.4% | 3.4% |
| Spring 1993 | 7.4% | 8.4% |
| Spring 1994 | 10.5%* | 14.8% |
| **Cigarette use** *(More than 1-2 occasions)* | | |
| Fall 1991 | 6.9%* | 4.7% |
| Spring 1992 | 8.4% | 8.8% |
| Spring 1993 | 17.8% | 19.4% |
| Spring 1994 | 24.8% | 30.7% |
| **Smokeless tobacco use** *(More than 1-2 occasions)* | | |
| Fall 1991 | 1.5% | 1.5% |
| Spring 1992 | 3.2% | 3.4% |
| Spring 1993 | 7.8% | 9.4% |
| Spring 1994 | 13.5% | 16.3% |
| **Marijuana use** *(at least one occasion in the past year)* | | |
| Fall 1991 | 0.7% | 0.4% |
| Spring 1992 | 0.6% | 1.2% |
| Spring 1993 | 3.5% | 3.2% |
| Spring 1994 | 7.4% | 8.6% |

* $p \leq .05$ indicative of statistical significance.

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drinking) by the end of eighth grade than did students in the reference districts. The scale score was also significantly lower among baseline nonusers in the intervention districts. (Baseline nonusers are those students who had not used before the beginning of the project.)

For all students, the percentages who reported alcohol use in the past month and past week were significantly lower in the intervention group at the end of eighth grade. For baseline nonusers, students in the intervention districts consistently showed lower onset rates. The percentages of students who reported past year alcohol use were also significantly lower among baseline nonusers in the intervention districts at the end of the seventh and eighth grades.

For baseline users (those students who had used before the beginning of the project), recent alcohol use substantially increased between the end of sixth grade and eighth grade, with rates among baseline users at the end of eighth grade more than double those of baseline nonusers. There were more users in the intervention districts at baseline and at the end of the sixth grade; however, a crossover occurred by the end of the seventh grade, with fewer students in the intervention districts reporting past month and past week alcohol use.

Cigarette use and smokeless tobacco use were defined as more than two or three lifetime occasions of use. Marijuana use was defined as any use in the past year. Among all students, there were no significant differences in the percentage of cigarette or marijuana users between conditions. However, the percentage of cigarette users was 19% lower in the intervention districts, and the difference approached significance by the end of the eighth grade. For baseline nonusers of alcohol, the percentages of students reporting cigarette use and marijuana use were significantly lower in the intervention districts, and smokeless tobacco use differences approached significance at the end of the eighth grade.

Among all students, 14.3% of those in the intervention districts reported both using alcohol in the past month and having smoked cigarettes on more than one or two occasions; the corresponding rate in the reference districts was 19.6%. This difference was significant and indicated a 27% reduction in "gateway" drug use.

## Discussion

The outcomes of Project Northland, after 3 years of intervention during early adolescence, provide additional evidence supporting community-wide, multi-component, multi-year approaches to alcohol use prevention. The project has demonstrated that a large number of school districts and communities can become involved in primary prevention efforts targeting adolescent alcohol use over a sustained period of time and will fully participate in multiple levels of social-behavioral interventions. This commitment and fidelity appears to have yielded promising changes in self-reported adolescent behavior. Even with significantly greater reported alcohol use among students in the class of 1998 in the intervention districts at baseline, at the end of eighth grade these students reported significantly less alcohol use. In addition, use of cigarettes and alcohol in combination was significantly lower among intervention students. At the end of the eighth grade, the intervention students also reported significantly less peer influence to use alcohol and drugs, perceived fewer drinking peers, endorsed most of the listed reasons to not use alcohol, indicated greater self-efficacy to resist influences to drink at parties or with a boyfriend or girlfriend, perceived a greater likelihood of disciplinary action by the school for driving after drinking, and reported more communication with their parents about the consequences of their drinking.

For intervention students as a group, Project Northland appears to have been successful in:

(1) reducing alcohol use;

(2) reducing the tendency to use alcohol;

(3) reducing the combination of cigarette and alcohol use;

(4) changing the functional meanings of alcohol use;

(5) reducing peer norms and peer influence to use;

(6) introducing skills to resist peer influences;

(7) increasing parent-child communication about the consequences of drinking.

Project Northland appears to have been more successful with students who had not used alcohol by the beginning of sixth grade. Baseline nonusers in the intervention districts were significantly less likely to use alcohol, tobacco or marijuana at the end of 3 years. In addition to the psychosocial factors cited for all students, baseline nonusers were strongly influenced not to initiate drinking by their parents and peers, and reported greater ability to resist offers to drink and to affect alcohol-related issues in their communities. Since these were the key themes of the Project Northland intervention programs - parents (Slick Tracy), peers (Amazing Alternatives!), and community (PowerLines) - the intervention goals appear to have been best realized with the baseline nonusers.

The Project Northland design would have been strengthened by greater equivalence between intervention and reference districts at baseline. School districts and adjoining communities were recruited in the northeastern counties of Minnesota. Because adequate sample size was a concern, we blocked by size of school district (small, medium, large, and very large) and then randomized to an intervention condition or a reference condition. Sample sizes between groups were equivalent and adequate to detect the differences sought. However, there were more White students in the reference districts, and there was greater alcohol use in the interven-

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tion districts. Had we also blocked by baseline alcohol use and/or race, or had we selected pairs of comparable communities and randomized among pairs, baseline measures might have been more equivalent; these strategies should be considered in future community randomized trials.

What about validity? The reliance on self-reported data, was examined by conducting an experiment using a pipeline technique which revealed no significant differences in self-reports of alcohol use of sixth and eighth graders among those who also took part in a biochemical measure as compared with those who did not. And were students in the intervention communities more sensitive to reporting alcohol use because they were part of the intervention and, more likely to underreport their use? This concern would be more strongly supported had the psychosocial factors, such as students' perceptions of how many people their age drink or reported peer influences, not been so concordant with students' alcohol use. In addition, in a similar study on cigarette smoking, students in the intervention community were significantly less likely to underreport than were students in the reference community.

Many of the components of the Project Northland intervention, such as the use of the home team approach and peer-led social influences curricula, have been successful in urban communities, which suggests that such approaches may be generalizable to these settings. The initial outcomes of Project Northland, in delaying alcohol use onset and preventing alcohol use among sixth- through eighth-grade students, suggest the potential fruitfulness of sustained, multilevel efforts, and provide a model for intervening with other problematic behaviors of young adolescents.

## COMING IN FUTURE ISSUES

- Tattooing and Piercing
- Drop-out Prevention
- Teenage Gambling
- Self-Injury

*Dr. Cheryl L. Perry is a Professor in the Division of Epidemiology, School of Public Health, at the University of Minnesota. Dr. Perry began her career as a junior high and high school teacher, and junior high school vice-principal. She then received her Ph.D. from Stanford University and joined the faculty at the University of Minnesota in 1980. Currently, she serves as principal investigator of the University of Minnesota site of the Child and Adolescent Trial for Cardiovascular Health (CATCH) and Project Northland.*

*Dr. Carolyn Williams is an associate professor in the Division of Epidemiology in the School of Public Health at the University of Minnesota. For the last eight years she has worked as the co-principal investigator on Project Northland. Dr. Williams is a co-author of the Minnesota Multiphasic Personality Inventory for Adolescents (MMPI-A) and its new alcohol-drug problem scales.*

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# ADOLESCENT TATTOOING

*By Myrna L. Armstrong, Ed.D. and Kathleen Pace Murphy, Ph.D.*

Adolescence is filled with psychosocial pressures and struggles for independence. Adolescents are challenged to describe who they are and what they want to become. Often, they are preoccupied with themselves, their appearance, and the opinions of others; they obtain many ideas from peers, role models, and the media. Today, tattooing is on the rise with an estimate of 7 to 20 million adults already tattooed. The prevalence and popularity of tattooing has also been demonstrated among adolescents.

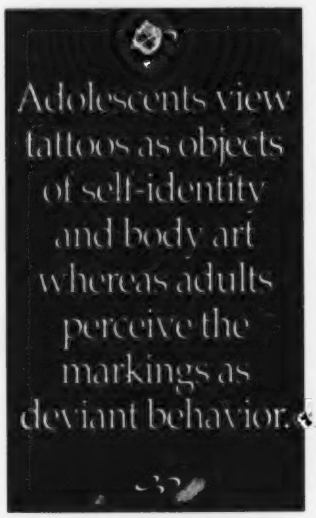
## BACKGROUND

### *Tattooing and Health Risks*

The most common health risks of tattooing are infections and allergic reactions. Transmission of blood-borne diseases, including hepatitis B and HIV, is possible because small to moderate amounts of bleeding occur during tattooing. Hepatitis B is the biggest concern since no documented cases of HIV/AIDS contracted through tattooing have been reported. Amateur tattooing is considered more dangerous than studio tattooing because it is frequently done in unhygienic conditions and environments with various household instruments.

### *Risks With Adolescent Tattooing*

In the United States, there are a few descriptive medical articles about adolescent tattooing. One researcher suggested that adolescent tattooing expressed "aggression, sexuality, and rebellion." Others have suggested gang association in amateur tattooing. Some literature has identified tattooing with an impulsive personality style, deviant behavior, and drug abuse.


Adolescents view tattoos as objects of self-identity and body art whereas adults perceive the markings as deviant behavior.

In the nursing literature, only one study has been conducted on adolescent tattooing in the United States. In 1994, McConnell and Armstrong queried 642 adolescents in six Texas high schools. Among the 537 nontattooed adolescents, over a third were interested in tattooing. The percentage of tattooed adolescents in this study was 16.4%. Nearly 70% of these teens reported academic grades of A's and B's. The number of those with studio or amateur tattoos was almost equal. The average age for the first tattoo was 14 years with the earliest tattooing at 10 years of age. Over half (57%) had one tattoo, and 40% had two or more tattoos.

Three areas of risk were investigated in this study: 1) the risks of purchase; 2) the risks of possession; and



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# FROM THE EDITOR'S P.C.

*Dear Prevention Colleagues:*

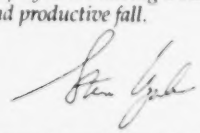
*We welcome you to our fall issue of The Prevention Researcher newsletter. As always, we are getting useful and productive feedback from a broad spectrum of prevention professionals across the globe. The Web is a good place to get abstracts and reference material on our last 12 issues! If you want to check it out please log on to: http://www.integres.org/prevres/*

*This issue focuses on adolescent tattooing and piercing, concentrating on health risk education. Our guest contributors are: Dr. Andrés Martin, of the Yale University Child Study Center; Billie Gurke, R.N., of Thomas Jefferson High School in Dallas, Texas; Myrna Armstrong, R.N., Ed.D., of Texas Tech University in Lubbock; Elaine Ekmark, R.N., M.S., of the Texas Scottish Rite Hospital in Dallas; Barbara Brooks, R.N., M.S., of Baylor University Medical Center in Dallas; and Kathleen Pace Murphy, R.N., Ph.D., of Texas Tech University.*

*Turning to another subject, we want to welcome a new addition to our editorial team: Dr. Linda Espinosa. Dr. Espinosa is an associate professor of psychology at the University of Missouri at Columbia. She has focused her work on outreach to low income Hispanic children. Dr. Espinosa has become nationally recognized for her work with Project REACH, an early childhood training and educational program for at-risk youth.*

*We hope you enjoy this issue, it has stimulated a lot of discussion around our editorial table; both as researchers and (for some of us) as parents of teenagers.*

*Hope you are having a beautiful and productive fall.*



*Steven Ungerleider, Ph.D.*
*Psychologist/Editor*

3) health risks including potential diseases, allergies, or infections. Purchase and possession risks documented in this study included whimsical decision making, the young age at tattooing, the short time-frame for decisions, the visual messages in their tattoo designs, the exposed body locations, and the lack of support by parents, siblings, and the public. No health problems were documented, but the potential transmission of blood-borne diseases existed since 70% reported some bleeding during their tattooing procedure.

We undertook a second study to examine adolescent tattooing in various regions in the United States and to build on our previous findings. The purposes of this exploratory study were two-fold: a) to examine adolescent interest in tattooing; and b) to identify the characteristics and associated purchase, possession, and health risks of tattooed adolescents.

## METHODS

Little is known about the tattooed adolescent, so a descriptive design similar to our original 1994 study was used in this quantitative study. We used a 72-item self-reporting, anonymous survey. The survey was divided into two parts. The first section was designed for all respondents and included demographic and general questions about tattooing. The second part was specifically designed for adolescents with tattoos. It contained questions regarding choices about tattooing, health risks, the purchase experience, their feelings about their tattoos, the responses from others, and the purpose(s) of the tattoo. The survey tool was at the 7th grade reading level.

### *Procedure*

School nurses were recruited through a variety of school health networks and asked to facilitate distribution of the survey. Eight sites received surveys. Survey distribution instructions included information to maintain the respondent's anonymity and confidentiality. The school nurse, the classroom teacher, and the accessibility of 7th-12th grade students all entered into the selection of classrooms for survey distribution. From the 3,650 surveys that were distributed, 2,212 (61%) were returned.

## RESULTS

Usable data were collected from 2,101 adolescents; from 8 junior or senior high schools across the United States. Ethnic representation included White (77%), Hispanic American (8%), Asian American (7%), African American (5%), and "other" (3%).

All subjects were asked their interest in tattooing and reasons for refraining from tattooing. A majority of the subjects (55%) were interested in tattoos. Reasons for not obtaining a tattoo included permanent markings (23%); HIV/AIDS or other diseases (18%); parental disapproval (16%); and pain (12%). Cost was not a deterrent (3%). Over one-fifth of the respondents (22%) stated there was no reason keeping them from getting a tattoo.

After these questions, only the tattooed subjects (10%) completed the rest of the questions.

### *Tattooed Adolescents*

The 213 tattooed adolescents (55% girls and 45% boys) provided information about their decisions and experiences before, during, and after the tattooing. Ethnic representation of the tattooed subjects were: 61% Whites; 21% Hispanic Americans; 8% Asian Americans and 10% others (including African Americans). Many (39%) had two or more tattoos with 10% reporting as many as six. Altogether, respondents had 309 tattoos.

*Purchase Experiences.* The mean age of their first tattoo was 14 years with most (87%) obtaining their tattoos between 12 and 17 years of age. Over half of the tattooed adolescents (52%) had obtained their first tattoo during grades 7 to 9, whereas another third (35%) obtained their first tattoo during the 10th or 11th grade.

Over half of the tattooed adolescents reported A's and B's (56%) at the time of tattooing. Several students made comments about the association of grades and tattoos, for example, "grades have nothing to do with tattoos."

Over one third reported major changes and stress in their lives (39%) at the time of tattooing. Numerous reasons were reported for obtaining the tattoo such as "just wanted one" (44%), wanted to be independent/express oneself (23%), and "for the heck of it" (16%). Less than one third of the parents (28%) were aware of the tattooing intention and 17% signed consent

**Table 1**
**Positive Responses to the Tattoo**

| | |
|---|---|
| Friends | 63% |
| Significant Friends | 45% |
| Siblings | 22% |
| General Public | 11% |
| Mother | 10% |
| Father | 9% |

forms. At the time of the survey, 62% of the parents knew about the tattoo.

The majority (57%) of tattooed adolescents labeled themselves "risk takers" at the time of tattooing. Over half (52%) took a "few minutes" for their tattooing decision. Often, friends or a group of people (70%) were with them before tattooing. During their tattooing, other friends (37%) were also tattooed. Alcohol, drugs, or both, were used by some tattooed adolescents (28%) before the tattooing. Only 7% believed their friends applied pressure to obtain the tattoo.

*Possession Experiences.* Questions were asked about their personal response to the tattoo as well as reactions from friends and family. Many reported initial pleasure with their tattoo (83%) and continuing pleasure (81%). Body sites were equally distributed between concealed (51%) and exposed areas (49%). Half of the students felt the tattoo "made me feel special and unique." The tattoo was not helpful to other respondents. Thirty percent cited disappointment, embarrassment and low self-esteem. Many (56%) chose not to answer these questions.

Family support for the tattoo was low in comparison to positive responses from their friends. See Table 1.

*Health Experiences.* Repeated needle injections of a foreign substance could predispose subjects to health risks. Ingredients in red and yellow pigments can initiate allergic reactions. These colors were selected by 47% of the tattooed adolescents, but only a small group of them (14%) reported short-term irritations. No blood-borne diseases were reported but 68% cited small to large amounts of bleeding during the procedure, so the potential exists.

*Purpose of the tattoo.* Twelve statements were presented as possible purposes of the tattoo; no additional write-in comments were received. The most agreed-upon statement related to personal identity, "be myself, I don't need to impress people anymore" (81%). Most of the respondents rejected the other statements (see Table 2).

*Studio Versus Amateur Tattooing.* Of the total group of tattooed adolescents, 44% obtained studio tattoos and 56% reported amateur tattoos.

Those with amateur markings were in lower grade levels when they started (grades 7 to 9, 68%), had more tattoos, and reported lower academic grades (Bs and Cs, 70%). See Table 3. Straight pins or sewing needles, pens, pencils, or other homemade devices (45%) were used for the amateur tattooing and many were done in the home (66%). Few gang-related tattoos were reported (5%), yet several students (6%) describe tattooed dots on their hands and face; the configuration of the dots can sometimes represent a certain gang.

*Enforcement of Tattooing Regulations.* State tattooing regulations were compared with the respondent's location. Massachusetts, which prohibits all tattooing, in this study had a 6% rate of tattooing, with 17% of those adolescents obtaining parental consent. Illinois and North Carolina, which prohibit tattooing of minors, had rates of 10% and 6% respectively, with low rates (15% and 30%) of parental consent. California permits tattooing of minors with parental consent. Respondents from this state had the highest tattooing rate (14%), with 5% obtaining parental consent.

## DISCUSSION AND IMPLICATIONS

This study expands our earlier work on adolescent tattooing. Two findings were of interest regarding both groups of nontattooed adolescents.

**Table 2**
**Reported Purpose for Tattooing in Adolescents (N = 213)**

| | Strongly Agreed/ Agreed (%) | Strongly Disagreed/ Disagreed (%) |
|---|---|---|
| Be myself, I don't need to impress anyone anymore. | 81 | |
| Improve my social position. | | 92 |
| Do what another person expected. | | 89 |
| Do what friends suggested. | | 88 |
| Do what someone in my group strongly urged me to do. | | 88 |
| Make new personal associations and friendships. | | 87 |
| Help me be more acceptable to my friends. | | 86 |
| Do what people who love me say is important. | | 85 |
| Help me separate from my other life experiences. | | 85 |
| Help me obtain more status and prestige. | | 84 |
| Help me feel better about myself. | | 79 |
| Help people judge me for who I really am. | | 64 |

**Table 3**
**Differences Between Adolescents (N = 213) with Amateur and Studio Tattoos**

| | Tattoos | |
|---|---|---|
| | Amateur (n=119) | Studio (n=94) |
| Youngest reporting level | 8 | 10 |
| **Number of tattoos** | | |
| 1 | 49% | 68% |
| 2 or more | 40% | 30% |
| **Grade Level** | | |
| Elementary | 9% | 8% |
| 7th | 21% | 11% |
| 8th | 26% | 9% |
| 9th | 21% | 13% |
| 10th | 14% | 24% |
| 11th | 8% | 28% |
| 12th | 1% | 7% |
| **Academic Grades** | | |
| As | 14% | 38% |
| Bs | 35% | 34% |
| Cs | 36% | 17% |
| Ds | 16% | 11% |
| Pleased. at time of tattooing | 70% | 93% |
| Still like the tattoo | 75% | 82% |
| Would do it again | 70% | 70% |
| Parents still don't know | 41% | 36% |

• First, they agreed on the same reasons for refraining from tattoos, namely permanent markings and the concern with AIDS and other diseases.

• Secondly, tattooing interest in this study was 55% compared to 33% in our 1994 study. This increased interest could be attributed to regional differences as well as increased role models and coverage about tattoos in the media.

Data from the tattooed adolescents were similar to our earlier study. The similarities include academic grades, single and multiple tattooing, bleeding during the procedure, exposed body locations, major changes and stress, and responses from families and friends. Both groups were in strong agreement about the purpose of their tattoo,"be myself, I don't need to impress anyone anymore." Profiles of those with amateur and studio tattoos were also the same.

Several experiences occurred with greater frequency in this study than in our previous research. There were more girls (55% vs. 35%), more impulsiveness in the decision for tattooing (52% vs. 41%), more "risk takers" (57% vs. 45%), and an earlier age range (ages 12 to 17 vs. ages 14 to 18 ) when the tattoos were obtained.

Findings suggest that adolescents who want a tattoo will obtain one, regardless of money, regulations or risks.

Because of the potential health risks involved, and the number of students who are later dissatisfied with their tattoo and who cite disappointment, embarrassment or low self-esteem when showing others their tattoo(s), proactive development of credible health education is important. All educational levels should be targeted given the mean age (14) in tattooing and the young age of one respondent who started tattooing at 8 years of age. Yet, developing education for adolescents is challenging, especially when many adolescents believe they have a right to control their own tattooing choices. Careful incorporation of the two major areas that cause the nontattooed respondents the most concern with tattooing would be important to address within health education. Thus, informed decision making could be promoted in health education by including information about the possibility of blood-borne diseases, permanent markings, and adolescents themselves as growing and changing people. Hopefully this will dissuade, or at least minimize risks, by encouraging specific questions if they insist on tattooing.

As noted in the subjective data provided by the respondents, the viewpoints of the adolescents and parents about tattooing differ. Adolescents view tattoos as objects of self-identity and body art whereas adults perceive the markings as deviant behavior. From the adolescent's perspective, they were generally positive about their tattoos, yet parental response to the tattoos was consistently low.

Some respondents describe disappointment, embarrassment, and low self-esteem experiences when others viewed their tattoo(s). This is unfortunate at a time when adolescents are concerned about themselves, their image, and their appearance.

For tattooed adolescents, the associated psychosocial and health risks may further compound the psychosocial pressures of adolescence. Tattooing in adolescents is increasing and needs to be added to the growing lists of previously ignored, important public educational issues.

*This article originally appeared in: Armstrong, M.L. and Murphy, K.P. (1997). Tattooing: Another Adolescent Risk Behavior Warranting Health Education.* Applied Nursing Researcher, *10(4), pp. 181-189. It has been condensed and reprinted with permission.*

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# So You Are Thinking About Getting a Tattoo or Body Piercing

*By: Barbara Freudenberger*

## Know the Facts: Make an Informed Decision

- Unsterile tattooing and piercing equipment and needles can spread serious infections, hepatitis, or possibly even HIV.
- The law in many states prohibits the tattooing of minors.
- Asking a friend to apply a tattoo may ruin a friendship if the tattoo doesn't look like you thought it would.
- Tattoos and permanent makeup are not easily removed and in some cases may cause permanent discoloration. Think carefully before getting a tattoo.
- Tattoo removal is very expensive. A tattoo that costs $50 to apply may cost over $1000 to remove.
- Blood donations cannot be made for a year after getting a tattoo, body piercing, or permanent makeup.

## Before you get a tattoo or body piercing...

*First:*

- Talk to your friends or others who have been tattooed or pierced.
- Ask them about their experience, the cost, pain, healing time, etc.
- Ask them what they would do if they had a chance to do it over again.

*Second:*

- Understand that you do not have to tattoo or pierce your body to belong.
- Remember that you are directly involved in decisions that effect your health and body.
- You can always change your mind or wait if you are not sure.

*Third:*

- If you decide to get a tattoo or body piercing, never tattoo or pierce your own body or let a friend do it because of potential complications.

## Health risks to consider before you act

- Both tattooing and piercing involve puncturing the skin to introduce a foreign material, jewelry or ink, and the procedures carry similar risks. The primary health concern is introducing bloodborne germs/viruses into your body.
- Bloodborne illnesses: Hepatitis B and C, tetanus, TB, and HIV can lead to very serious health problems or death.
- Localized infections: Staph or Pseudomonas can lead to illness, deformity, and scarring.
- Tattoo troubles. Tattoos are open wounds that may become infected. The new tattoo must be kept clean. They also must be kept moist with an ointment to prevent a scab from forming. If you are allergic to the inks in the tattoo, the site will not heal properly and scarring may occur.
- Piercing problems. Complications depend on where the body has been pierced. Navel infections are the most common; it takes a year for naval piercings to heal. Ear cartilage heals slowly. Tongue piercings may lead to tooth damage from biting on the jewelry, partial paralysis if the jewelry pierces a nerve, and extreme inflammation during the first few days.

## Selecting a tattoo artist or piercer

- Visit several piercers or tattooists. The work area should be kept clean and have good lighting. If they refuse to discuss cleanliness and infection control with you, go somewhere else.
- Consent forms (which the customer must fill out) should be handled before tattooing. Reputable piercing and tattoo studios will not serve a minor without signed consent from parents. Check the laws in your state about tattooing of minors if you are under 18.
- The tattooist/piercer should have an autoclave – a heat sterilization machine used to sterilize equipment between customers.
- Packaged, sterilized needles should be used only once and then disposed of in a biohazard container.
- Immediately before tattooing/piercing, the tattooist/piercer should wash and dry his or her hands and wear latex gloves. These gloves should be worn at all times during the tattoo or piercing procedure. If the tattoo artist/piercer leaves the procedures or touches other objects, such as the telephone, new gloves should put on before the procedure continues.
- A piercing gun should not be used because it cannot be sterilized properly. Only jewelry made of a noncorrosive metal, such as surgical stainless steel, niobium, or solid 14 Karat gold, is safe for a new piercing.
- Leftover tattoo ink should be disposed of after each procedure. Ink should never be poured back into the bottle and reused.

*This information taken from:*

*Armstrong, M.L. (1996). You pierced what?* Pediatric Nursing, 22(3), 236-238.

*Federal Drug Administration*
*http://vm.cfsan.fda.gov/~dms/cos204.html*

# Erasing the Tag of Gang Membership: The D-TAG Program

**By Billie Gurke, R.N., B.S.N., R.N.C.**

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While youth membership in gangs has been documented since the late 18th century, statistics of the 1990s reveal a vigorous, aggressive growth pattern of gang membership. However, the length of active membership in a gang varies. Recent studies from Rochester, New York and Denver document that juveniles stay in gangs for a year or less. However, one researcher reports that most active gang memberships are for 2 or 3 years. A core group of older members, often regarded as the inner clique, frequently stay in the gang for longer periods of time and tend to engage in a higher level of delinquent or criminal gang activity.

Regardless of length of affiliation, many members apply tags or marks to flaunt their gang life. Most tags are acquired during the middle high school years as an essential part of gang initiation and involvement. Besides specific groupings of colors and clothing, tattooing is another common way of "tagging."

As gang members mature, they may begin to move away from their strong gang affiliation. Often these changes coincide with wanting a job, with extracurricular school activities, or with starting a family.

As a school nurse, I try to provide for my students holistically; removing the tattoos is only part of students' disassociation from the gangs and the lifestyle dictated by gang membership. This holistic perspective became the catalyst for the establishment of D-TAG, a volunteer rehabilitation program utilizing family and community interaction to support gang tattoo removal and to direct activities toward alternative educational programs and lifestyles away from gang affiliation. An advisory committee was formed with volunteer community members and health providers. They have provided assistance in the continual development and implementation of D-TAG. One recommendation, made by dermatologists on the committee, helped the students feel they had contributed to the cost of their laser treatments. This consisted of a ten-hour community service component which is now part of the D-TAG program.

Applicants for the D-TAG program must be enrolled in either school or a gang intervention program. If the applicant is a school drop out, he or she must enroll in a GED program. Each applicant signs an agreement of commitment for participation in D-TAG. Additional requirements include two letters of recommendation from persons interested in the student's future, as well as a significant person from the student's school or agency. One of the reference writers must agree to serve as the sponsor/mentor, a significant person in the student's life outside of the family who will also monitor school attendance, grades, and the required community service hours. Among the sponsors have been teachers, school nurses, athletic coaches, recreation directors, and church youth directors.

Originally, some of the dermatologists were concerned about the commitment of the gang members to the full treatment plan, since it would require multiple visits for the therapy with at least 6 weeks between each laser treatment for an adequate healing and fading process. To gather family support for the D-TAG program and commitment for their tattoo removal plan, a visit was made to each home of the students selected for the program. This was essential in helping students disassociate from their gang and adhere to their laser treatment plan. I discovered that most parents wanted to help but didn't know where to start their child's disengagement process. At several homes, the entire family gathered to discuss D-TAG.

Every parent contact for this program was very supportive. During the home visit, the laser removal process was discussed as well as the after-care requirements of the laser therapy. A medical release was signed by each parent. Parents were also required to attend the first laser session, where they were given the opportunity to observe the procedure. This parental involvement has been essential as the students complete the program.

The D-TAG program was established for cohorts of 20 students. The first laser therapy treatments provided by the dermatologists were all to males and represented disassociation from ten different gangs. Within the group, varied responses to D-TAG and laser therapy occurred. A tracking system was designed to monitor the participants' progress. Currently, there are 60 students enrolled in the program in various stages or phases of rehabilitation. On occasions when there is waiting time – for instance, while the local anesthetic is applied for the laser therapy – several local role models knowledgeable about gang membership conduct group discussions about the establishment of future goals, respect, self-worth, and the avoidance of sexually transmitted diseases. These group discussions, combined with the lure of

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snacks, have become a positive factor for the participants to bring friends and even return after they have completed the program.

Participation in ten hours of community service projects is a requirement for the D-TAG program. The first community service project completed by the participants was the removal of graffiti from homes near the school. In this project, the D-TAG students were combined with school club members to promote associations outside the gang and to expose the school club members to gang members in a work-social situation; this proved beneficial to all the participating students. Other examples of community service activities are helping in the AIDS Resource Kitchen and rebuilding a neighboring recreational area. One boy, who goes to school and also works to provide family financial support, serves his required time in a special after-school study hall in the school nurse's office.

The first group of 20 D-TAG participants assisted in the planning and creation of further services. Currently, a third cohort started their laser removal with the help of additional donated funds and services. In this cohort there are several female gang members. Dermatology residents from the local medical school now donate some time to the clinic, thus enabling the third cohort of participants to obtain enhanced assistance.

To date, 20 of the D-TAG participants have finished the program and are successfully disengaged from the gang, involved in school and extracurricular activities, and have outside employment. These boys are redirecting their lives and can safely extend their hands to prospective employers without fear of rejection. The participants are proud of themselves. The benefits to the physicians, school nurses, and other volunteers who have donated their professional skills and time have been immeasurable. The apprehension experienced by the participants and the physicians at the first session has evolved into friendships and mutual respect.

Currently D-TAG has lost five participants because of family relocation, hospitalization, and incarceration. Research with D-TAG may provide insights into actions that most influence program retention.

*This article is reprinted with permission, from Gurke, B., & Armstrong, M.L. (1997). D-TAG: Erasing the tag of gang membership.* Journal of School Nursing, *13(2), 13-17.*

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# Adolescent Body Piercing

***By Myrna L. Armstrong, EdD, RN, FAAN, Elaine Ekmark, MS, RN, CS, and Barbara Brooks, MS, RN, CCRN***

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## Introduction

People throughout history have been using permanent and temporary embellishments to enhance their appearance. What is outlandish and stigmatizing in one era, however, can be "acceptable" in the next. Lipstick, rouge, and eye makeup were once considered radical. In the early 1960s, "nice" girls didn't pierce their ears but in the past two decades ear piercing in the United States has moved into mainstream society. Even multiple ear piercings among both males and females are becoming common.

Now, besides ear piercing there is body piercing, specifically, the penetration of jewelry into openings made in such body areas as eyebrows, lips, tongues, noses, navels, nipples, and genitals. While adults who work with youth may not like the procedure and dismiss it as another fetish, fad, or fashion for adolescents, they need to be aware of the phenomenon, since they are in a pivotal role to assist students with their knowledge about body piercing.

The purpose of this article is to provide current information about body piercing, adolescent experiences with piercing, and health education related to piercing. We need to promote informed and healthy decision making among adolescents who may be considering body piercing. One aspect of this education is to determine how youth workers can discuss decisions which might impact an adolescent's risk-taking behavior.

Body piercing is relatively new in the United States. Currently, most of the information is found in the mass media, and the procedure is described as risqué and carefree behavior. There is little or no discussion of risk. The medical literature about body piercing is limited.

Anthropological and sociological literature contain many descriptions of body modifications, especially from non-Western traditional societies, and the cultural manifestations of the procedure. Today, sects from India and Africa continue to use piercing as a unique form of ritual ornamentation.

Part of the rationale for body piercing originates from ideas embedded in ancient cultures, often as a mark of royalty or elitism. Egyptian Pharaohs underwent rites of passage by piercing their navels; Roman soldiers demonstrated manhood by piercing their nipples; and both sexes of Victorian Royalty chose nipple and genital piercing.

Although health concerns are not widely discussed in the literature, adolescents are having medical problems following the procedure. The authors obtained the following information from body piercers, proce-

dural observations, and student experiences.

## Similarities to Tattooing

Many aspects of body piercing are similar to tattooing, especially the clientele, the artists, and the procedure; thus, it is common to see piercing done in tattoo studios. A significant difference between the two procedures is permanence; in piercing, the jewelry can be removed and the hole allowed to close, compared with the "semi-permanent" tattooing markings which are costly and difficult – at best – to remove.

Body piercing, like tattooing, is done by unlicensed personnel, yet many times they are referred to as "professionals"; they have learned their trade from colleagues, magazines or videos. Often, if state mandates are present, the body piercing establishment is not regulated by health standards, or enforced. Recent legislation in Texas targeting tattoo studios prohibits the procedure for persons under 18 years of age and establishes standards of sanitation, use of aseptic technique, sterilization of equipment, informed risks, instructions for skin care, record keeping and a toll-free number to report adverse reactions. If body piercing is also done on the premises, the same expectations apply for both activities.

## The Body Piercing Procedure

Various pieces of medical equipment are used to pierce the skin and create the holes for body jewelry. Ear piercing guns, surgical clamps, forceps, and hemostats, or large-gauge hollow needles, are the instruments most commonly used. Studio piercers are not qualified to administer anesthesia, and furthermore clients often want to experience the sensation, or "rush," associated with piercing.

Earlobes are the simplest site for holes, since the area contains no tough tissue or cartilage, and the "fleshy" skin will easily form scar tissue needed for the openings. Yet, as ear piercings extend upward along the cartilaginous rim, there is more difficulty creating the holes, as well as increased pain and healing. The tongue is muscular and vascular, and produces more immediate swelling upon piercing. Nipple, navel, and genitalia piercings penetrate different types of tissue and produce other problems. These sites are usually covered with tight-fitting clothes, creating increased friction and build-up of body moisture, producing infections. Nipple piercings will also burrow through some of the lactating ducts. Navel piercings have a tendency to "pull-out" unless they are placed deep enough into the abdominal depression, because the reparative and protective nature of our skin always wants to remove foreign objects.

The actual body piercing procedure is usually brief. The skin site is marked to guide the needle path, the skin held taut by forceps, and the opening made with a hollow needle; the client-selected jewelry is attached to the needle. Similar to a needle and thread action, once the hole is made, the body jewelry is quickly pulled through the piercing site. As a small to moderate amount of bleeding may be present following the procedure, manual pressure is applied to the site.

The style of jewelry ranges from small to wide hoops to ear or barbell-type studs; jewelry needs to be kept in place at all times to keep the hole open. Regular cosmetic items commonly inserted in ear lobes should not be used in body piercing sites because ear wires are stainless or gold plated. The latter wears off easily, leaving the exposed brass foundation which causes skin reactions. To avoid infections and allergic reactions, piercers recommend specially made inert, non-toxic metal substances, such as surgical stainless steel, 14K gold, niobium, or titanium, with no rough edges.

The average healing times, depending on the location, range from one to five months. Facial piercings are open to the air and therefore tend to heal faster. Tongue piercings usually heal quickly owing to the great vascularization.

After the procedure, studio piercers provide after-care instructions for the piercing sites and anticipated healing times; these directions vary with body piercers. In general, the hole and jewelry should be washed frequently with soap and water to remove any exudate, then rinsed thoroughly. Other, over-the-counter disinfectants may be recommended; however, alcohol is discouraged as a skin cleaning agent since it also dries the area.

## Experiences of Students

To gain further understanding about actual body piercing experiences, we spoke with 20 high school students who came to our clinic to see the school nurse. They openly discussed their body piercings. Questions were asked about their decision to body pierce, age, cost, healing time, anesthetic, jewelry, health problems, tattooing, and parental awareness.

Their average age at the time of piercing was 15.5 years of age and all 20 students maintained good school attendance and academic grades of B's and C's. While most of the students said they would never get a tattoo, all of the students had one or more ear piercings and a total of 26 other body piercing sites such as the nose, navel, nipple, tongue, tragus, and eyebrow. The most common choice was the navel. Many were considering additional piercings.

Fourteen of the 20 students reported that their parents were aware of the piercings. Parents usually accompanied them to the studio, in a few cases, to "overcome" the State of Texas age restriction. Others reported their parents paid for the procedure or lent them the money to have it done. The navel was the most commonly chosen site if the student did not want the parent to know or if the parent insisted the site be covered.

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Sixteen students had their piercings done in a tattoo studio, commonly called "body shops", and one student had the procedure done by a "professional" in a booth at a summer rock concert. They talked about a variety of decisions made before the procedure. Most had investigated the studio's reputation by asking their friends, as well as specific hygiene questions of the piercers. A few of the students made spur of the moment decisions while they were with friends who were having their bodies pierced.

Two costs occur with body piercing – one that corresponds with the specific body site and the other related to the selected jewelry. The students reported the highest amount charged for a piercing was $60, whereas jewelry costs varied from $3 to $40. One student needed to remove her septum ring jewelry for an upcoming interview so she purchased a "retainer" or wishbone shaped device at an additional cost that fits through the septum and up into the nostrils to keep the hole open, while hiding the piercing site from others.

## Effects of Body Piercing

When asked what the students would recommend to others, all stressed the need to follow the suggested skin care regimen. Many of the students, or others they knew, experienced frequent soreness, redness, and occasional pus-like drainage from their pierced sites, regardless of the piercer and their hygiene habits. Some students chose to remove the jewelry and let the site close because of skin problems. In the case of dance students, navel piercings were easily irritated by wearing leotards and tights, which, combined with sweating, prolonged the healing time.

Written instructions from the piercers advise against fingering the jewelry. One student reported a reinfection 6 months after the initial procedure. She had returned to the piercing studio to have the bead attachment changed and then began "to play with" the jewelry. She subsequently removed the jewelry because the site would not heal.

Some students expressed personal satisfaction with their piercings, such as "I like the way it looks," "I want more piercings," "I wanted to do something different and make a change," and "I wanted to be the first of my friends to have one." In contrast, others reported negative reactions by others when the piercing site was seen. One student said, "I have sensed a negative reaction since I got my eyebrow pierced. People may treat you different so you have to have a 'not care' attitude regarding the way you are treated. I'd tell someone to consider their career choice or college choice because of others' reactions." Another student with a tongue piercing stated that his speech became "modified" with the jewelry and after three weeks removed the barbell and allowed the hole to close because he got tired of people asking what was wrong with his speech.

While none of these students reported genital piercings, this is a site for body piercing. It is done for enhancement of intercourse, not restriction.

## Health Education for Body Piercing

Discussions on this topic need to start now. School personnel can assume they will encounter adolescents who have already talked about it, or have encountered peers who have had body piercing experiences. It is recommended that discussions start as soon as possible so students can begin thinking about their decisions. Introducing the topic demonstrates proactivity in the situation, even though you may not like the procedure. Remember, students will still talk about piercing; with your health-oriented discussion, their dialogue will be better informed.

Avoid scare tactics. While the content should be presented in a manner that appreciates the teenager's belief in the right the have the piercing, the information should also encourage the adolescent to think of themselves as a growing and changing person, with power to discuss, contemplate, and make informed decisions.

Initiate conversations with students regarding personal observations and seek insights of other teachers, counselors and school nurses. Support the casual conversations of students when they talk about body piercing. School nurses should seek opportunities to visit studios to share information with body piercers about sterilization of the instruments they use and the increased risk for spreading blood-borne diseases, such as hepatitis B and

## Want to Know More?

**The following resources are available on the World Wide Web for those who want to know more about tattooing and piercing, and tattoo removal programs.***

**Tattoo FAQ**
http://wizard.ucr.edu/~kfernand/tattoo.html
This is the FAQ file for the rec.arts.bodyart newsgroup. It is a good source for information about tattooing.

**Modifying the Body: Tattooing and Body Piercing in the Adolescent Population**
www.nursing.uiowa.edu/96-218/barb.htm
Includes pamphlets on how to care for a new tattoo or body piercing, and links to other web sites.

**Palm Beach County Criminal Justice Commission**
http://legal.firn.edu/other/pbccjc/Tata.html
The Commission provides a detailed look at their gang tattoo removal program guidelines.

**TagAway, Inc**
http://www.tagaway.com/
This site provides a lot of information about the TagAway tattoo removal program, including contact information for a variety of programs around the nation.

** The above mentioned web sites are intended as starting points. The Prevention Researcher does not endorse or promote resources or web sites.*

HIV/AIDS, to themselves and to their clients, if they do not follow standard preventive practices.

### Teaching Strategies

Teaching strategies can be applied in several ways. For instance, establish informal group discussions in health classes to discuss a "topic of the day." This will tap into the students' already established personal experience and knowledge. The teacher or school nurse can act as the moderator, to direct the dialogue and to engage the group's involvement in the topic. There is usually one courageous student willing to share information, perhaps a personal experience, and thus the more timid student is stimulated to participate. Such conversation also enables the school nurse to gain insight into the group's knowledge and misperceptions about piercing. Students may learn for the first time that some of their peers share many of the same concerns.

Formal classroom presentations may also be an option. Ask for student volunteers to hang posters, distribute written material, or help with video equipment. Students may even be willing to share their personal knowledge of body piercing with the class.

Review the information presented by encouraging the students to invent role play situations. Stimulate questions and reply truthfully. If you are unsure of an answer, tell them, yet let them know that you will follow up and obtain the appropriate information.

Promoting health information in informal clinic conversations with students also incorporates positive attitudes and behaviors. One-on-one conversations can be the most effective way of providing health education for students who are too shy to ask questions in a classroom setting, yet still desire the information. The clinic is also an ideal place to have available written information which cover commonly asked questions about body piercing.

Parents may also seek your advice and health information. For example, one mother whose daughter is pierced called the school nurse to clarify the information shared with her daughter. This parental contact demonstrates support and is important to reinforce your health information while providing further education.

Body piercing could be a risk-taking behavior of your students. Plan time now to talk about it with them so they have the information to make informed decisions.

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# On Teenagers and Tattoos

***By Dr. Andrés Martin***

*"The skeleton dimensions I shall now proceed to set down are copied verbatim from my right arm, where I had them tattooed: as in my wild wanderings at that period, there was no other secure way of preserving such valuable statistics" — Melville/Moby Dick CII*

Tattoos and piercings have become a part of our everyday landscape. They are ubiquitous, having entered the circles of glamour and the mainstream of fashion, and they have even become an increasingly common feature of our urban youth. Legislation in most states restricts professional tattooing to adults older than 18 years of age, so "high end" tattooing is rare in children and adolescents, but such tattoos are occasionally seen in older teenagers. Piercings, by comparison, as well as selfmade or "jailhouse" type tattoos, are not at all rare among adolescents or even among schoolage children. Like hairdo, makeup, or baggy jeans, tattoos and piercings can be subject to tad influence or peer pressure in an effort toward group affiliation. As with any other fashion statement, they can be construed as bodily aids in the inner struggle toward identity consolidation, serving as adjuncts to the defining and sculpting of the self by means of external manipulations. But unlike most other body decorations, tattoos and piercings are set apart by their irreversible and permanent nature, a quality at the core of their magnetic appeal to adolescents.

Adolescents and their parents are often at odds over the acquisition of bodily decorations. For the adolescent, piercings or tattoos may be seen as personal and beautifying statements, while parents may construe them as oppositional and enraging affronts to their authority. Distinguishing bodily adornment from selfmutilation may indeed prove challenging, particularly when a family is in disagreement over a teenager's motivations and a clinician is summoned as the final arbiter. At such times it may be most important to realize jointly that the skin can all too readily become but another battleground for the tensions of the age, arguments having less to do with tattoos and piercings than with core issues such as separation from the family matrix. Exploring the motivations and significance belying tattoos and piercings can go a long way toward resolving such differences and can become a novel and additional way of getting to know teenagers. An interested and nonjudgmental appreciation of teenagers' surface presentations may become a way of making contact not only in their terms but on their turfs: quite literally on the territory of their skins.

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The following three sections exemplify some of the complex psychological underpinnings of youth tattooing.

## Identity and the Adolescent's Body

Tattoos and piercings can offer a concrete and readily available solution for many of the identity crises and conflicts normative to adolescent development. In using such decorations, and by marking out their bodily territories, adolescents can support their efforts at autonomy, privacy, and insulation. Seeking individuation, tattooed adolescents can become unambiguously demarcated from others and singled out as unique. The intense and often disturbing reactions that are mobilized in viewers can help to effectively keep them at bay, becoming tantamount to the proverbial "Keep Out" sign hanging from a teenager's door.

Alternatively, feeling prey to a rapidly evolving body over which they have no say, selfmade and openly visible decorations may restore adolescents' sense of normalcy and control, a way of turning a passive experience into an active identity. By indelibly marking their bodies, adolescents can strive to reclaim their bearings within an environment experienced as alien, estranged, or suffocating or to lay claim over their evolving and increasingly unrecognizable bodies. In either case, the net outcome can be a resolution to unwelcome impositions: external, familial, or societal in one case; internal and hormonal in the other. In the words of a 16-year-old girl with several facial piercings, and who could have been referring to her body just as well as to the position within her family: "If I don't fit in, it is because I say so."

## Incorporation and Ownership

Imagery of a religious, deathly, or skeletal nature, the likenesses of fierce animals or imagined creatures, and the simple inscription of names are some of the time-tested favorite contents for tattoos. In all instances, marks become not only memorials or recipients for clearly held persons or concepts: they strive for incorporation, with images and abstract symbols gaining substance on becoming a permanent part of the individual's skin. Thickly embedded in personally meaningful representations and object relations, tattoos can become not only the ongoing memento of a relationship, but at times even the only evidence that there ever was such a bond. They can quite literally become the relationship itself. The turbulence and impulsivity of early attachments and infatuations may become grounded, effectively bridging oblivion through the visible reality of tattoos.

Case Vignette."A," a 13-year-old boy, proudly showed me his tattooed deltoid. The coarsely depicted roll of the dice marked the day and month of his birth. Rather disappointed, he then uncovered an immaculate back, going on to draw for me the great "piece" he envisioned for it. A menacing figure held a hand of cards: two aces, two eights, and a card with two sets of dates. "A's" father had belonged to "Dead Man's Hand," a motorcycle gang named after the set of cards (aces and eights) that the legendary Wild Bill Hickock had held in the 1890s when shot dead over a poker table in Deadwood, South Dakota. "A" had only the vaguest memory of and sketchiest information about his father, but he knew he had died in a motorcycle accident: the fifth card marked the dates of his birth and death.

Tattoos and piercing can offer a concrete and readily available solution for many of the identity crises and conflicts normative to adolescent development.

This case vignette also serves to illustrate how tattoos are often the culmination of a long process of imagination, fantasy, and planning that can start at an early age. Limited markings, or relatively reversible ones such as piercings, can at a later time scaffold toward the more radical commitment of a permanent tattoo.

## The Quest for Permanence

The popularity of the anchor as a tattoo motif may historically have had to do less with guild identification among sailors than with an intense longing for rootedness and stability. In a similar vein, the recent increase in the popularity and acceptance of tattoos may be understood as an antidote or counterpoint to our urban and nomadic lifestyles. Within an increasingly mobile society, in which relationships are so often transient as attested by the frequencies of divorce, abandonment, foster placement, and repeated moves, for example, tattoos can be a readily available source of grounding. Tattoos, unlike many relationships, can promise permanence and stability. A sense of constancy can be

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derived from unchanging marks that can be carried along no matter what the physical, temporal, or geographical vicissitudes at hand. Tattoos stay, while all else may change.

Case Vignette. A proud father at 17, "B" had the smiling face of his 3-month-old baby girl tattooed on his chest. As we talked at a tattoo convention, he proudly introduced her to me, explaining how he would "always know how beautiful she is today" when years from then he saw her semblance etched on himself.

The quest for permanence may at other times prove misleading and offer premature closure to unresolved conflicts. At a time of normative uncertainties, adolescents may maladaptively and all too readily commit to a tattoo and its indefinite presence. A wish to hold on to a current certainty may lead the adolescent to lay down in ink what is valued and cherished one day but may not necessarily be in the future. The frequency of self-made tattoos among hospitalized, incarcerated, or gang-affiliated youths suggests such motivations: a sense of stability may be a particularly dire need under temporary, turbulent, or volatile conditions. In addition, through their designs teenagers may assert a sense of bonding and allegiance to a group larger than themselves. Tattoos may attest to powerful experiences, such as adolescence itself, lived and even survived together. As with Moby Dick's protagonist Ishmael, they may bear witness to the "valuable statistics" of one's "wild wandering(s)": those of adolescent exhilaration and excitement on the one hand; of growing pains, shared misfortune, or even incarceration on the other.

Adolescents' bodily decorations, at times radical and dramatic in their presentation, can be seen in terms of figuration rather than disfigurement, of the natural body being through them transformed into a personalized body. They can often be understood as self-constructive and adorning efforts, rather than prematurely subsumed as mutilatory and destructive acts. If we bear all of this in mind, we may not only arrive at a position to pass more reasoned clinical judgment, but become sensitized through our patients' skins to another level of their internal reality.

*This article is reprinted, with permission, from: Andrés Martin, On teenagers and tattoos.* Journal of the American Academy of Child and Adolescent Psychiatry, *36(6), 860-861. Dr. Andrés Martin is Assistant Professor of Child Psychiatry, Yale Child Study Center, New Haven, CT.*

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